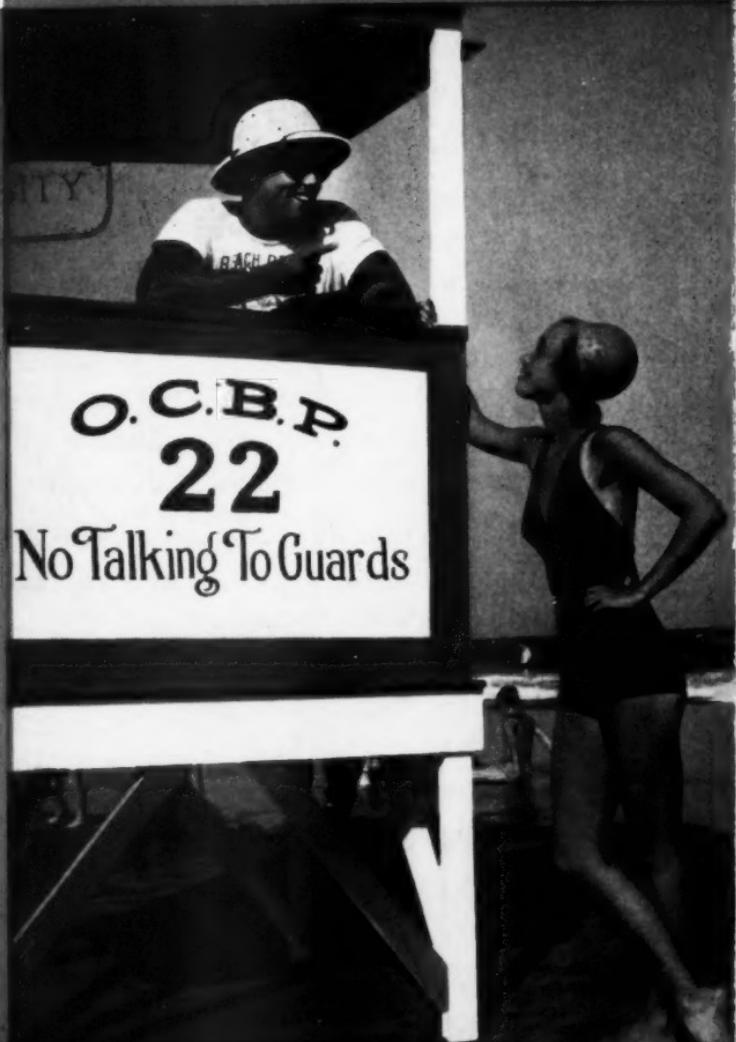


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# medical economics



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JULY 1941  
YEAR

# FELLOWS' COMPOUND SYRUP

A most valuable and long-tried compound containing strychnine, quinine, and several valuable mineral salts.

Will improve muscle tone and muscle nutrition; and produce a limited amount of respiratory and vasomotor stimulation.

Great care is taken in the manufacture of this dependable, bitter Tonic, to ensure that its exceptional quality is maintained.

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Strychnine Hydrochloride	Gr. 1/61	Lime Hypophosphate	Gr. 5/16
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# Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

JULY 1941

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Patrick O'Sheal, Associate Editor • F. H. Rowsome Jr., Contributing Editor

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**The New Test for  
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*Galatest*

DIABETICS are easily taught to use Galatest, the new micro-reagent for detecting diabetic sugar.

No test tubes or boiling necessary. One drop of urine deposited on a little Galatest powder, gives an instantaneous reaction.

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LOCKS WITH B-D NEEDLES

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# speaking frankly

## ARMY MUD

**TO THE EDITORS:** It is only since I have been in uniform that I've been able thoroughly to appreciate Lieut. Leigh's personal record, "I'm in the Army Now!"

I tried every legitimate way to obtain a deferment. But the army needed medical officers too badly, so off I went with about \$150 worth of uniform. Upon arrival at Camp Grant, a bottomless mud-hole six miles from Rockford, Ill., my commanding officer told me I might as well forget medicine for a year. Believe me, it's something of a shock to have it put so bluntly. Yet it accurately states the case in this temporary career as a drill master. It was the same with some 200 other medical officers called to duty at Camp Grant.

Most of us have by now developed an immune reaction and are rather proud of our accomplishments in teaching squads of selectees the fundamentals of drilling, first aid, physiology, etc. These questions, however, we can't quite get out of our minds:

1. Why must physicians assume the role of infantrymen?

2. What are we to do when we complete our year (or two or three years) of service?

Medical Corps Reservist  
Camp Grant, Ill.

## PEDIATRICS

**TO THE EDITORS:** I read with much pleasure the article entitled "What Has Pediatrics to Offer?" which appeared in May MEDICAL ECONOMICS.

Having at one time considered writing such an article for your publica-

tion, I now wish to admit frankly I am glad I did not do so. Author Carl A. Evans has so well organized and stated the pertinent facts that I'm convinced the ordinary medical man could not possibly have done as well.

I wish to extend my congratulations to him for the conciseness, completeness, and clarity of the article.

Hugh K. Berkley, M.D.  
Los Angeles, Calif.

## DOCTORS OVERSEAS

**TO THE EDITORS:** Much ado has been made about the call for 1,000 American physicians to volunteer for service with the British army. Yet in all this talk, paradoxically, nothing has been said about the large number of English, Canadian, and other transplanted foreign physicians who are comfortably settled in secure positions in the United States. Why should not these men be sent instead of native American doctors, of whom, we are constantly reminded, there is an impending shortage.

M.D., New York

## M.D.'S ON THE AIR

**TO THE EDITORS:** Allow me to add further information to that contained in MEDICAL ECONOMICS' recent article "We're On The Air!"

At Station WOSU here in Columbus, we have been working on some experimental dramatizations, and up to now have broadcast thirty-six such programs. Script is written by myself, the studio then makes necessary adaptations, and its dramatic staff presents the program. Out of this approach it is hoped a more ideal type

# STERIPADS

**NEW!  
2" x 2" SIZE**



- Steripads now available in 2" x 2" size (opens to 2" x 6") for small wounds, provide neat, inexpensive dressings. These sterile gauze pads in individual envelopes also come in 3" x 3" and 4" x 4" in boxes of 100. No unsightly cut edges exposed when Steripads are used.

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of scientific presentation can be developed.

A Dr. Carterfield and his friend Jeffrey are the leading characters. Each script combines human interest with medical information. Varied approaches to the subject are utilized, and slow, methodical presentations are tested against those of a rapid-fire nature.

Conclusions reached so far: (1) The script should come from the medical profession, at least in its rough-draft form. (2) Casting and directing is of extreme importance. (3) The problem of style does not lend itself to uniform technique for different types of material; methods of presentation must vary. Chief point is that we are still at it.

H. M. Clodfelter, M.D., Chairman  
Committee on Public Education  
Columbus Academy of Medicine  
Columbus, Ohio

### ARMY AGE LIMITS

TO THE EDITORS: What is the top age limit governing appointments in the officers' reserve corps?

M.D., Vermont

[At this writing, age limits for appointments in the O.R.C. "may be extended to include applicants who are less than 37 years old," according to army officials. Under the current national emergency, these provisions are of course subject to change

at the discretion of the President.—  
THE EDITORS]

### NEUROTICS

TO THE EDITORS: I hope your April article, "Reclaiming the Neurotic," was read by every physician, general practitioner and specialist alike, in the United States. A more commonsense, clear, concise article on this subject it has never been my pleasure to read.

Why do I feel so strongly on this subject?

For fourteen years I have been engaged in the practice of allergy exclusively. I have observed that my patients suffer not only from asthma and hay fever, but also from neurotic manifestations varying from the deepest obsessions and phobias to milder manifestations such as sleeplessness and gastrointestinal upsets. To meet this situation, I left my practice for a matter of six months and went to New York to study at a psychiatric clinic. I do not claim to have become a psychiatrist, but I do feel that I am now able to recognize and treat these manifestations with a great deal more knowledge than is possessed by the average practitioner. I am better equipped to find out just which is the cart and which is the horse in the combination of neurosis and allergy, which I see in an estimated seventy per cent of my patients.

The general practitioner needs

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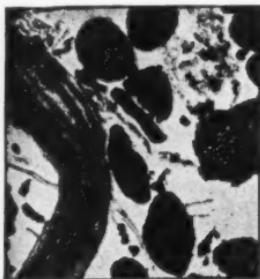
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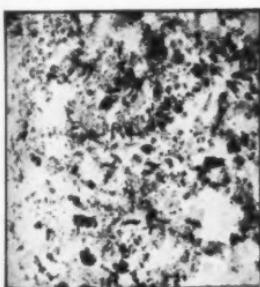
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more articles of this type, and the medical profession should be indebted to you for showing the way.

F. C. Metzger, M.D.  
Tampa, Fla.

### DISILLUSIONED

TO THE EDITORS: Any physician who is thinking of giving up his private practice to enter the Veterans Administration Facility Service had better think twice before going ahead. My own personal experience is a case in point.

A State license to practice medicine is the only requirement for appointment to the Veterans Administration. Appointments are controlled by the Civil Service Commission in Washington. Their descriptive pamphlet makes everything promising. If you are a specialist, says this little brochure, the Veterans Administration offers excellent opportunities for advancement—in surgery, for example. So you blithely sign up, thinking that you'll at least be allowed to participate in some operative work. What happens? You may be assigned to the out-patient department; you're lucky, indeed, if you're allowed to hold a retractor. You may never see the operating room, since surgery is likely to be done by the surgeon in charge, or by outside surgical consultants paid on a part-time basis.

Advancement in the service comes slowly, if it comes at all. Your efficiency is rated on certain stated occasions. Standards for these ratings are likely to fluctuate according to the competence of the men who make them.

What financial future and protection does the Veterans Administration offer? As it happens, the retirement pay is the only completely attractive feature of the entire service. But here again, as you might suspect, there's "many a slip 'twixt cup and lip." You may not remain in service long enough to collect retirement pay. Very few do. You may last for

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# "Hollywood...here I is!"



**1. I falls in love** with Mirandy at first sight. She's with a movie actress in a drawin' room on my car an' she rings for me. "Miss Mary crave a white-meat sandwich," says Mirandy. "An' don't bring no coffee!"



**3. "But this is Sanka Coffee.** It's 97% caffeine-free an' lets you sleep. The Council on Foods of the American Medical Association says: 'Sanka Coffee is free from caffeine effect and can be used when other coffee has been forbidden'."



**2. "It keeps Miss Mary awake!"** she says. "Yassum!" says I. But I get a pot of Sanka Coffee just the same. When white lady see that coffee pot, she gets mad at Mirandy. "Ma'am," I says, "don't blame Mirandy! She say coffee keep you awake!"



**4. 'Course, I'm readin' that off the Sanka Coffee can!** So Miss Mary drink it. An' she sleep fine. Next day she say: "You like a part in my new picture?" "Mirandy be there?" I ask, an' she nod. "Hollywood," I says, "here I come!"

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**MAIL THE COUPON** for a quarter-pound can of Sanka Coffee . . . free! Sanka Coffee is all coffee . . . real coffee. Only the caffeine comes out . . . the flavor stays in. Drip or regular grind. A General Foods product.

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This offer expires Dec. 31, 1941. Good only in the U.S.A.



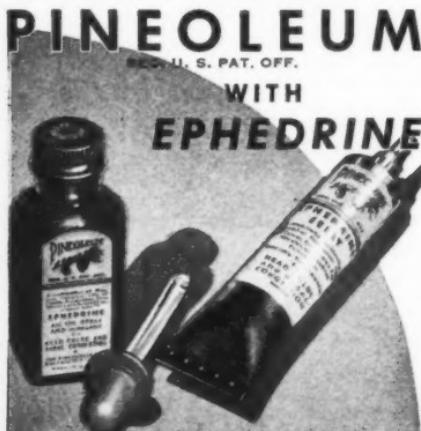
## FOR POLLEN ALLERGY...

**S**YMPOMATIC RELIEF from the distress of acute congestion of the nasal mucoperiosteum is (literally) your hay fever patients' "crying" need. For local ephedrine treatment—in a most soothing form—use 'Pineoleum' with Ephedrine. In addition to astringency, it provides local sedation, tissue stimulation, and mild antiseptic... its ephedrine content (.50%) being judiciously formulated together with balanced proportions of camphor (.50%), menthol (.50%), eucalyptus (.56%), pine needle oil (1.00%), and oil of cassia (.07%), in a base of doubly refined liquid petrolatum.

Send for a trial supply

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several years, then be let out for any one of a variety of reasons. In such case, how will you go about rebuilding the private practice you originally gave up? A post-graduate course will certainly be necessary to regain what knowledge you lost while doing paper work for the administration.

What governs reduction in personnel? Seniority is supposed to be the deciding factor. But this isn't always true. Efficiency rating often decides. If a rating officer gives you a low rating, you will probably be among the first to be let go, regardless of your length of service and your ability as a physician.

In this connection, another factor should be mentioned—the American Legion. If this organization lodges a complaint with the medical officer in charge against an administration physician, his status is immediately jeopardized.

Of course, the Veterans Administration has competent medical officers. But they are frequently men with disabilities, who are unable to do hard work, and those forced by circumstance into the service. Many are ashamed to admit to outsiders that they work in the service.

Charles Hendley, M.D.  
Los Angeles, Calif.

### G.P. CERTIFICATION

TO THE EDITORS: Regarding proposals that a program of certification be instituted for the general practitioner:

We should do everything possible to eliminate the situation which finds patients going directly to specialists without first consulting men in general practice. No specialist should be

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## POMFRAX

### *In the Diarrheas of Children*

The use of pectin in the treatment of functional diarrhea is now firmly established. Swelling by absorption of water, it forms a colloidal gel which adsorbs toxins and bacteria, and which exerts a demulcent, protective influence on the inflamed mucosa. Pomfrax

contains a comparatively large percentage of apple pectin, together with 10 per cent of highly refined colloidal kaolin, and dextrose. Pomfrax quickly controls the diarrhea of infants and children; it is also effective in the enteritis following the ingestion of impure food or drinking water and the diarrhea which frequently precedes influenza and other respiratory infections.

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*Pharmaceutical Chemists*

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allowed to treat a case without the added knowledge which the G.P. has. This is more true today than it has ever been, because the active, intelligent, modern general practitioner's knowledge of his patient is derived not only from physical diagnosis but from the added information obtained through the use of the fluoroscope, basal metabolism apparatus, and other mechanical aids being used by more and more general men.

I believe a practical certification program would help to raise the standards of men in general practice, and since the G.P. is acknowledged to be the key man in medicine today, the step should have the backing of everyone.

Monroe B. Kunkler, M.D.  
New York City

TO THE EDITORS: The clamor for a certification program for general practitioners is absurd. It is insulting to our system of medical education. Poten-

tial physicians are put through a very thorough selective process throughout the four years of pre-medical college work, the four-year medical course itself, and the one or more years of apprenticeship in our scrupulously meticulous hospitals. Men who survive this training and pass their State boards have had certification aplenty . . .

Charles J. Rudnick, M.D.  
Glenbrook, Conn.

#### IRKSOME

TO THE EDITORS: Almost every physician has experienced the unpleasant situation of having a patient call in another doctor without letting the original physician know about it. It can be highly embarrassing if, afterwards, both men happen to call on the patient at the same time.

When this happens to me I make it a rule to see the patient and explain that such an action is detri-

## TO DOCTORS

whose equipment  
is 10 years old



## NOW IS THE TIME TO TRADE IN YOUR OLD EQUIPMENT FOR NEW HANOVIA ULTRAVIOLET LAMPS

The past ten years have seen tremendous advancements in the field of therapeutics . . . and therefore, in the new models and designs of Hanovia Ultraviolet Equipment. Modern apparatus inspires patients' confidence and pays big dividends. Hanovia's liberal trade-in plan makes that possible. Write for complete details.

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Information on request.

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- ① Anesthesia of the exposed nerves.
- ② Hemostasis of the bleeding veins.
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Physicians meet these indications with RECTAL MEDICONE, plus regulation of the patient's habits to secure subsidence and quiescence of the process.

RECTAL MEDICONE contains 5% Anesthetin to effect prompt relief from pain. It is fortified with Ephedrine Hydrochloride to stop the bleeding and modern anti-hemorrhoidal agents required to secure retrogression and resolution.

The wide and constantly growing employment of RECTAL MEDICONE attests most eloquently to the foremost place which it has attained in its field.

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225 VARICK STREET, NEW YORK

**STOPS  
HEMORRHOIDAL  
PAIN  
WITHIN  
5 MINUTES**



## **RECTAL MEDICONE**



### Ocular and Nasal Symptoms Respond Promptly to ESTIVIN

ACUTE HAY FEVER attacks require quick-acting treatment... ESTIVIN. Easy to apply and prompt in action, Estivin soothes irritated conjunctiva and affords welcome relief from itching, stinging and lacrimation as well as spasmodic sneezing and associated discomforts.

One drop in each eye two or three times daily is generally sufficient to keep the average patient comfortable during the entire hay fever season. In the more severe cases, additional applications whenever the symptoms recur will keep such patients relieved throughout the day.

Each vial is complete with eye dropper.

*Literature and Sample on Request*



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Pharmaceutical and Research Laboratories

mental to him since it gives me an opportunity to offer the new doctor my findings on the case. Approached in this manner, the patient sees his mistake and will think twice before making it again.

M.D., New York

### LABORATORY AIDS

TO THE EDITORS: I have found the Vienna Nasal Speculum an excellent test-tube holder for doing laboratory tests over a flame. Saves burning the fingers. The tube is held between the nares spreaders.

Arthur C. Signer, M.D.  
Brooklyn, N.Y.

### Pictures In This Issue

Pp. 38, 40, 41—Ted F. Leigh—MEDICAL ECONOMICS

Pp. 48, 49—Royal Metal Mfg. Co.

Pp. 54, 55—Inesco

**TIME AND EXPERIENCE**  
*I have approved*  
**Sanmetto**

For more than fifty years many physicians have prescribed Sanmetto with satisfactory results in disorders of the urogenital tract.

Alone or combined with other indicated medication this *soothing preparation* provides added comfort to your patients, lessens possible drug irritation.

Sanmetto is a preparation of Sandalwood, Saw Palmetto and Corn Silk. Alcohol 20.6%. One to two drams every four hours, four times a day, is considered the optimum dose.

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Pharmaceutical Chemists  
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Control—deliberate, rational control—of bowel function can do much to prevent bowel pathology. And when pathology is present, control of function can aid greatly in therapy.

The makers of KONDREMUL—the stable emulsion that has become synonymous with sound bowel therapy—present a brochure covering the diseases of the rectum, explaining, in addition to active surgical therapy, the principle of bowel hygiene in its application to such cases.

Well illustrated, with natural color photographs, carefully written, this booklet has evoked enthusiastic response from hundreds of physicians. May we send you a copy of "Bowel Hygiene in Rectal Diseases?"

## KONDREMUL

The stable mineral-oil emulsion, made with chondrus crispus (Irish Moss), is available in three forms:

**KONDREMUL Plain**

**KONDREMUL with non-bitter Extract of Cascara**

**KONDREMUL with Phenolphthalein (2.2 grains Phenolphthalein per tablespoonful).**



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BOSTON MASS.**

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Dept. ME 7

Waltham P.O., Boston, Mass.

Gentlemen: Please send me clinical trial  
bottle of

- Kondremul Plain
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Mark preference.

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NOTE: Physicians in Canada should mail coupon direct to Charles E. Frost & Co., Box 247, Montreal—producers and distributors of Kondremul in Canada.

*Food energy, vitamins, minerals, properly balanced in the diet nourish the system and help to restore health.*

**But unless the diet arouses the appetite of the patient and pleases his taste, the intake of the prescribed food or liquid may not be adequate to produce the desired results.**



When a patient turns down a fruit juice, it may be due to the fact that he has been given too much of a particular variety.

Dole Pineapple Juice is a satisfactory addition to the fruit juice diet. It has a flavor that pleases old and young. It can be prescribed with confidence because it is the true, undiluted juice of big, perfect pineapples ripened on the plants.

Authoritative analyses and assays accepted by the Council on Foods and Nutrition of the American Medical Association show that Dole Pineapple Juice is a good source of Vitamins C (ascorbic acid) and B-1 (thiamine), and contains some Vitamin A, Iron, Calcium and Phosphorus, in addition to quickly available food energy.

One six-ounce glass of Dole Pineapple Juice contains:

**Biological Assay for Vitamins**

Vitamin A.....	117 I. U.
Vitamin B-1 (Thiamine).....	100 I. U.
Vitamin B-2 (Riboflavin).....	0.0372 milligram
Vitamin C (Ascorbic acid).....	240 I. U.

**Mineral Analysis**

Potassium.....	0.282 gram
Sodium.....	0.00228 gram
Calcium.....	0.0252 gram
Magnesium.....	0.0234 gram
Iron.....	0.00036 gram
Manganese.....	0.0012 gram
Copper.....	0.00006 gram
Phosphorus.....	0.0144 gram

**Typical Analysis**

Moisture (by drying).....	84.7%
Protein (N x 6.25).....	0.3
Fat (Ether extract).....	trace
Crude Fiber.....	0.1
Titratable Acidity (as anhydrous citric).....	0.6
Ash.....	0.3
Total carbohydrates other than crude fiber and acid by difference.....	14.0

# DOLE Pineapple Juice

Hawaiian Pineapple Co., Ltd. 215 Market St. San Francisco, Calif.

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*Exclusively*  
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HAS A LONG RECORD OF  
SAFE, SYMPTOMATIC RELIEF  
IN CASES OF  
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Administered  
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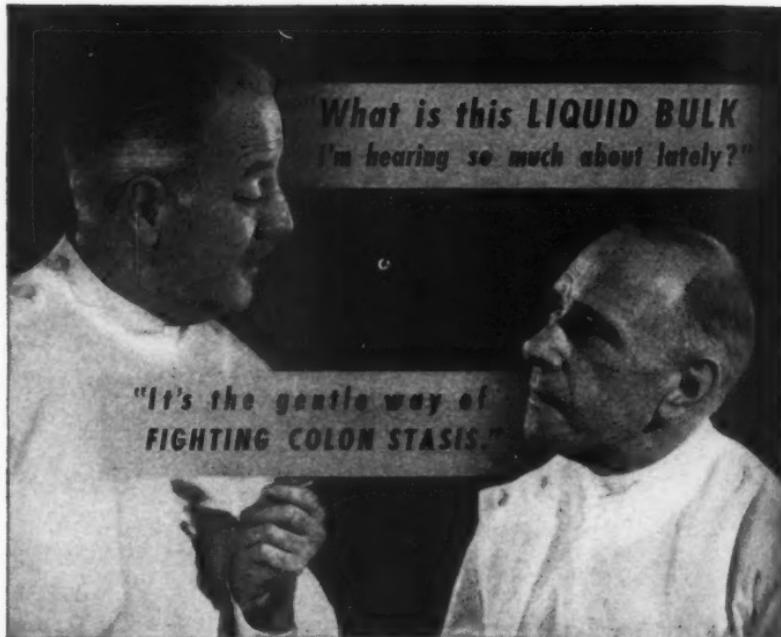
## DIATUSSIN SYRUP

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**Trial supplies and literature  
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The reason why so many physicians are recommending Sal Hepatica in constipation is based on sound therapeutic rationale. The *liquid bulk* created by the osmotic action of the salines in Sal Hepatica serves to gently stimulate the intestinal musculature for effective bowel elimination. In addition, this pleasantly effervescent compound combats the oft accompanying excess stomach acidity and stimulates the flow of bile.

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# HEMATINIC PLASTULES\*

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The addition of medicinal iron to the diet is indicated in many instances as a prophylaxis against secondary anemia. Hematinic Plastules provide a supplementary source of iron to help maintain a positive iron balance during the period of pregnancy.

Hematinic Plastules are easy to take, well tolerated and effective in small doses. Hematinic Plastules are useful for the prevention and treatment of anemias of pregnancy, chronic blood loss or iron deficiency.

When you think of iron—

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Suggested dosage—1 T.I.D. after meals.

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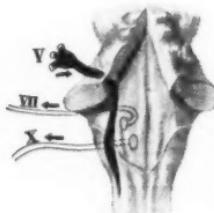
# ELIMINATE THE REFLEX FACTORS IN ASTHMA AND HAY FEVER



## WITH **ARGYROL**

The innervation of the nasal mucous membrane by which irritative stimuli from the nasal cavities may be mediated to the sensory nucleus of the trigeminal nerve.

In the medulla oblongata, the sensory nucleus of the trigeminus bears a close relationship to the reflex nuclei of the facial and vagus nerves, thus making it possible for irritative stimuli from the nose to be transmitted to the nasal turbinates (Facial N.) and to the bronchi (Vagus N.).



BOTH Haseltine and Dowling have pointed out that while allergy is the underlying factor in both Hay Fever and Asthma, local irritant foci within the nasal cavities may act as reflex excitants of these conditions. But more significant than this, it has been shown that striking clinical improvement often follows when the local foci are cleared up by means of a course of ARGYROL tamponade.\* Indeed, patients commonly experience gratifying relief when such therapy is instituted.

But to insure your results in these conditions as in mucous membrane infections of all types it is essential to remember that ARGYROL is made only by A. C. Barnes. ARGYROL's long record of clinical preference and its therapeutic characteristics are based on the fact that it is chemically and physically dif-

ferent from other mild silver proteins. The ultramicroscope demonstrates in ARGYROL a much finer colloidal dispersion and a more active Brownian movement. ARGYROL's pH and pAg are carefully controlled, and above all, ARGYROL always remains non-irritating regardless of concentration. Now the new ARGYROL packaging assures freshness of solution and protection from light, heat and contamination. Specify "The Original ARGYROL Package" whenever ordering or prescribing.

\*An illustrated reprint describing the technique of nasal tamponade will be sent upon request.

INSURE YOUR RESULTS  
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## **ORIGINAL ARGYROL PACKAGE**

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For 39 Years Sole Makers of ARGYROL and OVOFERRIN

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# SIDE LIGHTS

A gentlemen's agreement, it has been cynically observed, can easily lead to a bums' brawl. The value of the advice to "put it in writing"—even among friends—is emphasized by the article in this issue, entitled, "A *Locum Tenens Contract*."

At first blush it may seem superfluous for two physicians to enmesh themselves in an elaborate written agreement, merely because one is temporarily handling the practice of the other. Yet the fact of friendship is itself a strong argument for an explicit contract.

It's not an easy feat to adhere scrupulously to an understanding recorded vaguely and perhaps differently in two memories. Certainly it is an unwise economy which imperils a valued friendship to save a relatively insignificant legal fee.



A number of States have established pensions for the aged. But Washington is the first State to have an old-age pension law that also gives the pensioners medical care.

By polling a majority vote for Initiative No. 141 last November, the people of Washington did two things: (1) They enacted a law whose results are now being felt by many local physicians. And (2) they set a precedent for the passage of similar laws in other States, by which still more doctors may be affected.

Although the Washington law sets up a limited form of socialized medicine, it does permit free choice of doctor except during hospitalization. Also, it is not compulsory, local physicians being free to accept or reject pensioners as they see fit.

The fee schedule provides \$3 for a first office or home visit, \$2 for subsequent office visits, and \$2.50 for subsequent home visits. This would be fair enough except that payments are made according to a unit system under which available funds are prorated. Thus, while \$2 is the fee for a subsequent office visit, the doctor doesn't get \$2. If he's lucky, he gets fifty or sixty cents—depending upon the appropriation authorized by the legislature.

Last year, after the Washington State Medical Association had studied the pension act, it estimated that an absolute minimum of \$9,700,000 would be needed to furnish medical service to 45,000 pensioners in 1941. Whereupon the Governor decided that \$5,320,000 ought to be enough and recommended an appropriation in that amount. Meanwhile, the number of pensioners has somehow jumped to 60,000 and is rapidly on its way to 75,000.

Doctors in the other 47 States, mindful of the troubles of Washingtonians, are not anxious to find themselves in the same boat.



A strike attracts attention. Picket lines, mass meetings, headlines, tear gas, and blackjack are common accompaniments. Yet for all their blarney, strikes are far less serious threats to national defense production than are illness and accidents.

The machinist at home with bronchitis or the flush riveter with a smashed finger win no headlines. Yet according to Surgeon General Thomas Parran Jr., physical disability caused the loss of fifty times as many

man-days in 1940 as did strikes and lockouts.

Which, by a crude rule-of-thumb, makes the physician about fifty times as important as the labor conciliator.



So far, few shoemakers, clothing dealers, or grocerymen have been observed donating their stocks-in-trade for national defense. Yet word from the medical societies of several States indicates that not only will all draftees continue to be examined physically without charge but those who have been rejected for physical defects will also be provided free medical treatment.

All this from a profession which the federal government has seen fit to classify as a trade!



The position of the local draft board physician is not an enviable one.

One disadvantage may be traced to the unpleasantness inherent in forcing a young man into the army against his will. Another stems from the often unjust criticism leveled against local physicians for passing men who are subsequently rejected at induction centers.

Draftees—and the public at large—seldom realize that physicians on selective service boards receive no fees for their services. Knowledge of the fact is limited largely to the doctors who donate their time, effort, and earning power. This in itself is still another source of dissatisfaction;

yet it is less important than the more fundamental question:

Should local draft board doctors be paid or not?

Those in favor say that their work on the boards cuts in considerably on the time they might otherwise devote to private patients. Thus, it is tantamount to a financial contribution of no small size.

Those opposed to payment declare that the principle of selective service is postulated on willing donations by all persons involved. Symbolic of this viewpoint is the recent rejection by the A.M.A. of resolutions urging payment for physicians on local draft boards, and the statement of the House of Delegates that "it is the policy of the A.M.A. to recommend the utmost of medical service to the government in behalf of the national defense program."

The issue that remains is whether or not the profession is contributing more than its just share.



If a clinic or a group of physicians which employs a business manager can collect ninety to ninety-five per cent of its accounts each year, why can't an individual physician do likewise?

He can—if he goes about it the right way.

Proper precaution in opening accounts is fully as important as proper procedure in collecting them; although this is commonly overlooked. What the situation generally calls for



## THERE ARE A DOZEN WAYS YOU CAN INCREASE COLLECTIONS

At best, collecting overdue accounts is an unpleasant and difficult task. Some doctors employ a collection agency but that can create harmful ill-feeling. No one way is best. It depends on the doctor and the practice. We can show you a dozen ways that are effective, inoffensive and inexpensive. Complete details, including samples, sent free.

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**HERE'S HOW RALSTON WHEAT CEREAL  
DOUBLES THE VITAMIN B<sub>1</sub> CONTENT  
OF THIS AVERAGE BREAKFAST**



Ralston supplies 61.2 International Units of vitamin B<sub>1</sub>. These other commonly used foods supply 60.4 Units. (If 1/2 pint of milk is also served, the vitamin B<sub>1</sub> content will be increased 31%).

*Vitamin B<sub>1</sub> subnutrition, due to the widespread use of refined foods, puts an increasing burden on a small proportion of foods in the daily diet*

In recognition of the vital need for extra natural vitamin B<sub>1</sub> (thiamin) the manufacturers of Ralston Wheat Cereal have, since 1931, enriched this hot cereal with extra wheat germ.

Made from whole wheat with only coarsest bran removed, Ralston also supplies the essential carbohydrates, proteins, iron and phosphorus of whole wheat in their natural and most desirable state.

And most important, Ralston is a delicious hot wheat cereal that appeals to all ages. It costs less than a penny per serving, cooks in 5 minutes. Try suggesting Ralston to your patients. It's an easy, economical way to increase natural vitamin B<sub>1</sub> intake.

**FREE TO DOCTORS:** New illustrated 20-page book, "Whole Wheat and Its Importance as a Natural Source of Vitamin B<sub>1</sub> (thiamin)," and a generous supply of samples. Address request on your letterhead to Ralston Purina Company, 3450 E. Checkerboard Square, St. Louis, Mo.



Ralston is particularly desirable as an all-family cereal. The abundant supply of vitamin B<sub>1</sub> in Ralston is of value in maintaining normal appetites. Its natural bulk and vitamin B<sub>1</sub> content help promote regularity.



**Ralston**  
puts the B<sub>1</sub> in Breakfast



**A**LTHOUGH the cause of many menstrual aberrations may lurk obscurely in some systemic condition, the relief of symptomatic manifestations proves extremely beneficial . . . while constitutional measures are being inaugurated.

Ergoapiol helps remarkably to mitigate discomfort and normalize functional expression, by its tonic stimulus of smooth rhythmic contractions of the uterine musculature, and its hemostatic effect. Its dependable efficacy derives from its balanced content of all the alkaloids of ergot, together with apiol (M.H.S. Special), oil of savin and aloin.

**Indications:** Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, menopause, in obstetrics.

**Dosage:** One or two capsules three or four times daily.

**How Supplied:** In ethical packages of 20 capsules.

Write for booklet: "Menstrual Regulation by Symptomatic Treatment"

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**ERGOAPIOL**  
*(Smith)*

is a little preventive medicine in the form of a credit bureau, so that the financial responsibility of new patients can be checked upon.

Some time ago, the manager of one of the larger collection agencies selected at random the names of fifty consecutive patients whom six physicians had reported as deadbeats. In not one instance had the precaution been taken to secure a credit report. Such reports, costing only a few cents apiece, might have saved the physicians who had treated these fifty patients an aggregate sum of \$6,348.50.

A credit report discloses immediately whether a patient is a good credit risk or whether the doctor is likely to have to whistle for his money. If there's no credit record on a particular patient, the physician knows at least that he has no black mark against him.

**MEDICAL ECONOMICS**, by the way, will be glad to tell any doctor how to locate a reliable credit bureau.

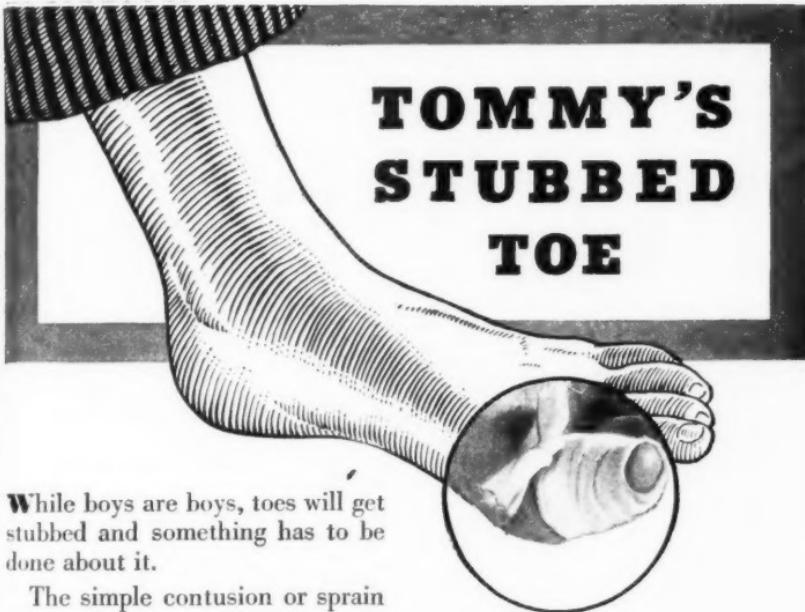


According to The New York Times, "The hospital is the logical place in which medicine should be practiced, because it has the staff of necessary specialists, the laboratories, and the therapeutic equipment. If a group of business men were to formulate a plan of medical care which would emphasize prevention, diagnosis, and treatment, it would undoubtedly use the hospital as it should be used."

Physicians will find this hard to swallow.

Admittedly, many patients need diagnostic and therapeutic services which are available only in a hospital. Others require the bed rest and case supervision which a hospital stay makes possible. But the great bulk of medical care rendered still goes for minor ailments such as common colds, cuts, and stomach-aches. These conditions—as well as most preventive measures—can be handled more sympathetically and conveniently at the office of the family doctor.

## **TOMMY'S STUBBED TOE**



**While boys are boys, toes will get stubbed and something has to be done about it.**

The simple contusion or sprain may be as painful as the more serious inflammatory conditions. The retarded blood flow through an injured area delays healing and makes the impatient young patient mighty uncomfortable.

When trauma causes congestion in an area, it is wise to employ the

same treatment you have found so effective in local inflammations of toxic or infectious origin . . .

## **NUMOTIZINE**

- Relieves the pain
- Increases local circulation
- Absorbs exudates
- Reduces swelling
- Easy to apply and remove

Ethically presented.

**How Supplied:** In 4 p., 8 oz., 15 oz. and 30 oz. jars.

*Literature and clinical samples on request.*



**RESEALABLE GLASS JARS . . . NO CONTAMINATION . . . NO WASTE**

**N U M O T I Z I N E , I N C .**

900 NORTH FRANKLIN STREET

CHICAGO, U. S. A.

*New! for*

# HAY Fever

Some relief  
in 10 minutes

No narcotics  
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No charts  
No needles  
No bother



"Trial

is proof"

Are you open to *proof* before your own eyes? Here it is. Druggists stock or quickly obtain from wholesaler at 50c.

SEND FOR SAMPLE

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Sample Nakamo Bell, please.

Dr. ....

Address .....



## *In the NUTRITIONAL NEEDS of the Food-Finicky Patient*

A capricious appetite with its threat of malnutrition may initiate a dangerous vicious cycle. Failure to partake of necessary minerals, vitamins, proteins, and other dietary essentials often further suppresses the appetite, creating a serious problem for the physician.

Attractive to the palate and well liked by all patients, New Improved Ovaltine is a valuable means of enhancing the nutritional state. The recommended three glassfuls daily, mixed with milk\* according to directions, provide 2578 I.U. vitamin A, 302 I.U. vitamin B<sub>1</sub>, 491

Sherman-Bourquin units vitamin G, 327 I.U. vitamin D, 1.05 Gm. calcium, 0.903 Gm. phosphorus, 8.9 mg. highly available iron, and 0.75 mg. copper, together with readily digested protein, fat, and carbohydrate.

Thus a large percentage of the daily requirements of many essential nutritional factors is satisfied. The state of improvement which usually follows hastens return of the appetite, and encourages more hearty eating. Ovaltine is advantageously served as a beverage with meals, and as a between-meal snack.

\*Based on average reported values for milk

**NEW IMPROVED**

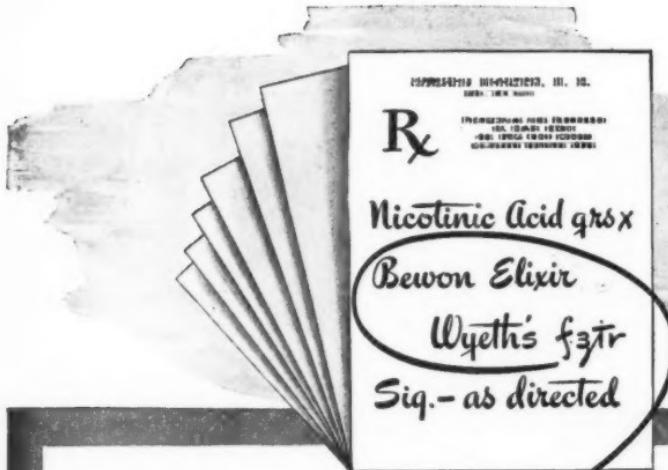


# Ovaltine

2 KINDS—PLAIN AND CHOCOLATE FLAVORED

Ovaltine now comes in 2 forms—plain, and sweet chocolate flavored. Serving for serving, they are virtually identical in nutritional value.

Physicians are invited to send for individual servings of New Improved Ovaltine. The Wander Company, 360 North Michigan Avenue, Chicago, Ill.



## This vehicle *stimulates* *the appetite*

Wyeth's BEWON\* ELIXIR is an excellent vehicle for many medicaments. It is compatible with most drugs.

Standardized to contain 500 International Units of Vitamin B<sub>1</sub> (thiamin chloride) per ounce, BEWON ELIXIR stimulates the appetite and is indicated in Vitamin B<sub>1</sub> deficiencies.

Supplied in pint and gallon bottles

\*Reg. U. S. Pat. Off.



*John Wyeth and Brother Incorporated* PHILADELPHIA

# EDITORIAL

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## The New G.P. Section

The formation by the American Medical Association of a Section on General Practice (see page 30) is a bright feather in the caps of those physicians who have been working to improve the lot of the G.P.

Since the section is being launched on an experimental basis only, it is to be hoped that a really substantial number of general practitioners will lend their support by attending its first meeting during the A.M.A. convention next year. Only if the section receives this vote of confidence will its future be assured.

Welcome as this new general practice section is, it must be recognized as but one advance along a much broader front. Aside from some slight recognition, all the new section gives the general practitioner is a chance to participate in an annual scientific meeting tailored to his particular needs. The significance of this concession is easily overemphasized if we fail to remember that proportionately few general practitioners attend A.M.A. conventions, and that those who do attend will benefit only once a year since the section is not likely to have *ad interim* meetings.

It is well at this time to keep clearly in mind the three basic planks in the general practitioners' campaign platform (see MEDICAL ECONOMICS, December 1940, page 37).

These basic planks call for:  
*Adequate representation in the government of American medicine;*  
*Widespread opportunity for post-graduate education;*  
*Proper recognition of professional attainments.*

If the new Section on General Practice is viewed in the light of the three points above, it becomes apparent that the section is a step forward in one phase of the campaign. Other steps which must be taken are:

1. The election of enough general practitioners to the A.M.A. House of Delegates so that G.P.'s as a whole may have a proportional voice in the management of organized medicine.
2. The formation of more general practice sections within State medical societies.
3. The appointment of general practitioners to hospital staffs, and the integration of their services there with the services of specialists.
4. Encouragement of the National Board of Medical Examiners in its present effort to perfect a nation-wide plan for the certification of men in general practice.

H. Sheridan Bakel

# G.P.'s win section in A.M.A.

## *House of Delegates votes experimental Section on General Practice*

★ "The bag-toting doctors of the United States spoke up, and the A.M.A. listened." So said a member of the House of Delegates when that body voted last month to establish experimentally a new Section on General Practice.\*

The delegates' action, while revolutionary in aspect, was in reality the culmination of a months-old process of evolution toward greater recognition for general practitioners. In widely separated parts of the country, several trail-blazing local medical societies had previously raised and debated the issue, threshed out local solutions, and set up general practice sections within their own frameworks.

Widespread receptiveness to this trend was evidenced as early as August of last year. A MEDICAL ECONOMICS editorial published that month under the title "Recognition for the G.P." prompted a growing volume of mail on the subject. It was followed in the December issue by a special editorial, "Upheaval in General Practice," which defined and analyzed the general practitioner's bill of particulars for a revised status in organized medicine. Five correlated articles in this

year's January and February issues reported on the actual nation-wide progress of the movement.

Initial step toward formation of the national G.P. section was curiously inverted. The A.M.A.'s Council on Scientific Assembly, in its report to the 1941 House of Delegates, advised *against* the formation of a new section. This report was then sent to the Reference Committee on Sections and Section Work.

There it collided with a resolution in favor of a general practice section (see page 31), introduced by Michigan delegates. The latter had been drafted by members of Michigan's Wayne County Medical Society, a leading group in the drive toward G.P. recognition.

The reference committee promptly called hearings. The majority of physicians who attended were in favor of establishing a G.P. section. Geographically, these doctors came from all parts of the country. They included both general practitioners and diplomates of various specialty boards. Their testimony was to this effect:

"G.P.'s constitute over two-thirds of A.M.A. membership. But they've learned to stay away from the annual convention. Each year they are discouraged and awed by the ad-

[Continued on page 68]

\*An editorial analyzing the significance of the Section on General Practice will be found on page 29 of this issue.

## The Voice of General Practice

*A Michigan resolution\* placed before the House of Delegates of the American Medical Association.*

### WHEREAS

I. Sixty-six per cent of the doctors of this nation are general practitioners and constitute the bulk of A.M.A. membership.

II. General practice is an entity of and by itself within the profession, just as much as are the established specialty fields.

III. The organized specialty groups have set up certain restrictive rules and regulations concerning important portions of the field of general practice.

IV. The organized specialty groups have assumed the position generally of directing the affairs of the entire profession.

V. Forty per cent of all surgery and 50 per cent of all obstetrics are performed by well trained general practitioners.

VI. The public attitude is affected unfavorably by the standing inference that general practitioners are inferior to and supervised by the organized specialty groups.

VII. Efforts to date toward the creation of an official section on general practice have met with disapproval, and no sufficiently good reasons have been advanced for denying general practitioners this vital means by which they can solve their problems.

VIII. General practitioners are constantly engaged in continuation study to increase their proficiency along practical lines and

are developing more suitable programs of clinical study.

IX. No place has been provided on hospital staffs through which general practitioners would be enabled to submit evidence of special training to qualify them before the public.

X. General practitioners have a special interest in medical legislation, administration, and jurisprudence, which justifies their voice being officially heard.

XI. It is not the desire of the general practitioner to disrupt the splendid scientific programs of the A.M.A., but rather to create a new and proper basis for separate registration, representation, and participation in the activities of the organization.

XII. General practitioners have original contact with the great majority of patients.

XIII. The people of the United States will view with favor the official recognition of their family physicians.

XIV. The specialty fields are overcrowded with general practitioners classified as specialists only because there is no proper classification for them.

XV. The establishment of an official section on general practice in the A.M.A. will stimulate a more active interest and cooperative attitude among the profession generally.

### RESOLVED

That the House of Delegates take whatever action is proper to create as soon as possible a new section of general practice, to be duly constituted of equal rank and authority with the other sections already established.

\*Condensed.



## Acknowledge those referrals!

BY DAVID L. WARK

“He should at least have acknowledged the case. It’s the last referral he’ll get from me.”

The speaker was a busy general practitioner.

“I used to give specialists the benefit of the doubt when they failed to acknowledge referrals,” he continued. “But no more. I’m not a stickler for etiquette, but there’s a lot to prompt acknowledgments that doesn’t meet the eye.”

He held up his hand and ticked off the points on his fingers.

“For one thing, a referral is a compliment to professional ability. And it’s damned bad manners to go around ignoring compliments.

“More than that, failure to acknowledge is unbusinesslike—it means risking a possible good source of future earnings. It’s stupid from a purely medical viewpoint, too. Much of significance about the patient’s history can be learned in the course of a phoned acknowledgment to the referring doctor. The opportunity shouldn’t be neglected.

“Nor is that all. A prompt acknowledgment has saved many a doctor from being badly stung by deadbeats who claim to have been sent along by another doctor. A word of acknowledgment to the physician whose name is given will

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expose these gentry before you've spent much time with them.

"There's still another important angle: Often a physician will send a referral without specifying whether the case is for diagnosis alone, or for diagnosis and treatment. Whereupon the specialist, if he mistakenly assumes that he's to give treatment, may be labelled a patient-stealer. Naturally, the referring doctor should permit no such ambiguity to arise. Where there's doubt, however, an acknowledgment provides the opportunity to set matters straight.

"The root of the trouble, as I see it, lies in carelessness. The fellow who neglects to acknowledge has forgotten that the other doctor is probably a little worried about his patient. Or that he wants to have his diagnosis or course of treatment confirmed or rejected.

"Above all, the referring doctor wants some reassurance that he'll ultimately get his patient back. That's one major uncertainty that an acknowledgment can easily dispel."

#### WAYS TO ACKNOWLEDGE

To investigate how the acknowledgment problem was most often handled, the writer interviewed a score of physicians in several cities and villages. These men agreed unanimously on the wisdom of acknowledging referrals. They pointed out, however, that not every new patient can be counted on to identify himself as a referral. Hence their office nurses make a point of asking *every* new patient whether or not he comes at the suggestion of another physician.

The doctors interviewed disagreed on the best way to acknowledge. Perhaps the commonest expedient

is an immediate phone call. This permits full discussion of the case; and the doctor who receives the referral is able to determine at once whether he is to undertake treatment. It's also an easy way to determine (if there's any question about it) whether or not the findings should be withheld from the patient.

#### MAIL ACKNOWLEDGMENT

A letter, being less hurried and informal than a call, was favored by a number of physicians. They voiced the opinion that a verbal acknowledgment and report are not always satisfactory for practitioners who keep detailed case histories.

A good example of the well-phrased acknowledgment is the following letter:

Dear Dr. Wilson:

Your patient, Mr. E. C. Smith, came in to see me today and mentioned that you had been kind enough to refer him to me. Many thanks for this courtesy; you may be sure that he has had my most careful attention.

Attached is a summary of my findings. If you wish a more comprehensive report for your records, please let me know and I'll be happy to forward it.

Sincerely yours,  
James Harding, M.D.

Of the specialists interviewed, several preferred the combination of a phoned acknowledgment and a subsequent letter and report. Any immediate problem raised by the case may thus be dealt with at once, leaving more thorough study to a detailed written report.

Whatever method is used, it's a good plan to be punctual. The gratitude implied by an immediate acknowledgment is apt to facilitate further referrals. [Turn the page]

## REFERRALS FROM LAYMEN

About half the physicians interviewed are in the habit of thanking laymen for recommendations. Favorite procedure is a casual but pleasant word of acknowledgment when next the referring person is seen. If that person is a patient, a reminder is entered on his case history.

Writing a letter of thanks to a "layman," in the opinion of some doctors, shows poor taste. Said one: "Naturally, it's all right in a conversation to thank someone for a favor. You'd be a stuffed shirt not to.

"But I think it's poor policy to write thank-you letters outside the profession. It may create the impression that you're over-anxious to snag new patients."

Nevertheless, there appears to be a growing acceptance of the custom. Few physicians see anything inherently wrong in such letters; but virtually all agree that profuse expressions of gratitude are to be avoided.

The kind of letter most effectively used is typified by the following example:

Dear Mrs. Benton:

When Mr. Williams came in to see me today, he mentioned that you had

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**LAWSUIT DANGER:** It's a wise precaution to have the patient either lie down or sit in an armchair when you take a blood sample. Reason: Patients occasionally faint during this procedure.

Thus, a colleague was taking a sample from a woman patient recently, when suddenly she fainted. She fell from a stool, hitting her head on the corner of a table. It might well have meant a tough and expensive lawsuit.  
—M.D., New York.

been kind enough to recommend me. You may be sure that he will receive my most careful attention.

Sincerely yours,  
Harold Roberts, M.D.

Advantages of such a letter are that it's short, personalized, and best of all—not effusive. It is in sharp contrast to the acknowledgment sent out by a physician who picked up the idea from a dentist. He uses printed cards which read:

Dear M\_\_\_\_\_,

Dr. Black has requested me to express his deep appreciation to you for referring \_\_\_\_\_ to him. He will endeavor to justify your recommendation.

Sec'y to Dr. Blac

Among the obvious objections to these fill-in cards is their stilted and awkward phrasing. And being signed by the nurse, they imply that Dr. Black himself can't be bothered with such minor courtesies. To the recipient, the net result is bleak, impersonal and perfunctory.

These rules for a good letter of acknowledgment to laymen represent the composite viewpoint of physicians interviewed:

(1) It should never appear to be a form letter.

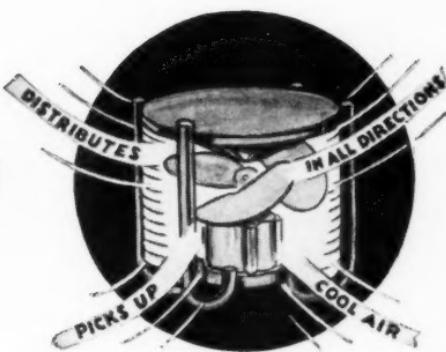
(2) It should sedulously avoid any effusiveness. Note how the Harold Roberts letter above conveys thanks by oblique phrasing.

(3) It should be prompt.

(4) It should be simple, short and clear.

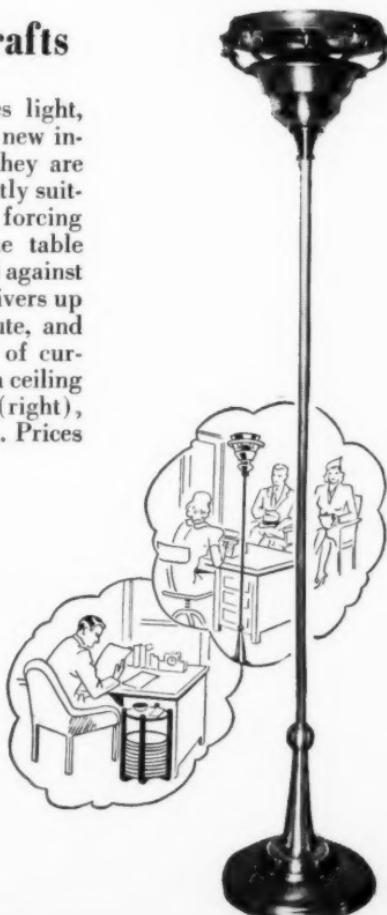
To sum up in the words of the general practitioner mentioned at the beginning of this article:

"The subject of acknowledgment may have more to do with etiquette than with ethics. But any doctor who thinks that acknowledgments are therefore unimportant is making a serious blunder."



## Indirect fans reduce drafts

Just as an indirect lamp diffuses light, making it easier to "take," so these new indirect fans (or air circulators, as they are called) deflect and diffuse drafts. Aptly suited to doctors' offices, they work by forcing air against a conical surface. The table model shown below is well protected against finger-nipping, has three speeds, delivers up to 4,200 cubic feet of air per minute, and consumes no more than 140 watts of current. Other models take the form of a ceiling fixture (top, left), high pedestal (right), and smoking stand (not illustrated). Prices range from about \$20 to \$50.



# A.M.A. votes war plan

*Dictatorship over medicine proposed as defense keynotes Cleveland convention*

★ A formal invitation to set up a dictatorship at once over U.S. medicine was handed to the Federal Government last month. It came from the American Medical Association's House of Delegates meeting in Cleveland. It was a bold move. Its implications are historic.

Specifically, Federal authorities have been asked to create an official bureau known as the Procurement and Assignment Agency for Physicians. The agency would be controlled jointly by representatives of the Government and the A.M.A. It would have the power to order any and all U.S. physicians to special emergency assignments in the army, navy, Public Health Service, civil defense, Selective Service, and industry.

This proposal is evidence of one desperate fact: Democratic methods have failed to coordinate America's medical resources. Army requirements for 9,000 physician-officers yearly have stripped dozens of U.S. towns and hospitals of necessary medical personnel. Draft boards have permitted induction of doctors, internes, and medical students as privates. Expanding armament industries are badly in need of plant physicians, and communities springing up near new production centers and army camps are threatened with a pitiable shortage

of facilities for medical care.

This is serious. But it's nothing compared to the prospect of a sudden wartime demand for 32,000 physicians to serve an army of 4,000,000. The chaos so likely to result would invite a national medical disaster. It would also invite Government intervention and control over medicine.

Facing these facts, organized medicine hoped its proposal for joint A.M.A.-U.S.A. regimentation of physicians would keep the Government from taking over the reins single-handed.

—★—

With left-wing social reform issues relegated to public disfavor by the national emergency, Dr. Nathan B. Van Etten seized the opportunity to launch a bitter attack on organized medicine's critics. The outgoing A.M.A. president, speaking before the House of Delegates, assailed these critics as "authors whose mental processes seem to have been influenced by Moscow or Berlin." He denied that Dr. Morris Fishbein, editor of the A.M.A. Journal; Will C. Braun, its business manager; and Dr. Olin West are the "dictators" of organized medicine.

—★—

New president Dr. Frank H. Lahey took no hand in old squabbles. He

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urged that "suits, privileges, personalities, and personal opinions occupy a minor position" during the emergency.

In a brilliant speech unmarked by routine political utterances, the Boston surgeon—

1. Suggested establishment of a quota system for placing doctors on military duty, to prevent indiscriminate volunteering and army inductions. Two days later the Procurement and Assignment Agency for Physicians was proposed.

2. Urged deferment of pre-medical students under the draft.

3. Charged that "many hospitals employ nurse anesthetists at low salaries with a profit to the hospital," instead of employing specially trained physicians who alone can provide full safety and comfort to patients.

4. Declared the predominance of older men in the House of Delegates was too great.

5. Pointed to a conflict of personalities as retarding joint progress among the A.M.A., the American College of Surgeons, and the American Hospital Association.

—★—

Treatment at Government expense of men rejected for military service because of physical disabilities was proposed by Surgeon General Thomas Parran Jr. He also asked the A.M.A.'s help in stimulating a better response to the British Red Cross request for 1,000 American doctors. Dr. Parran cited 48,000 cases of syphilis in the first million draftees called, and said poor nutrition accounted for one-third of all rejections.

—★—

Approval of the National Nutrition Conference for Defense, held a week previously in Washington,

was voiced in a House of Delegates resolution. General practitioners were urged to expand their activities in the field of nutritional problems, and a plea for better medical school and post-graduate training in nutrition was voiced.

—★—

More physicians trained in industrial health and medicine are urgently needed, it was reported by Dr. Irvin Abell, chairman of the Health and Medical Committee of the Federal Security Agency. The A.M.A.'s Council on Industrial Health has classified 9,557 doctors as having indicated special interest in or limitation of practice to industrial medicine.

—★—

Several resolutions asking payment for draft board physicians were voted down.

—★—

Utilization in the defense program of foreign physicians not eligible for army commissions was recommended.

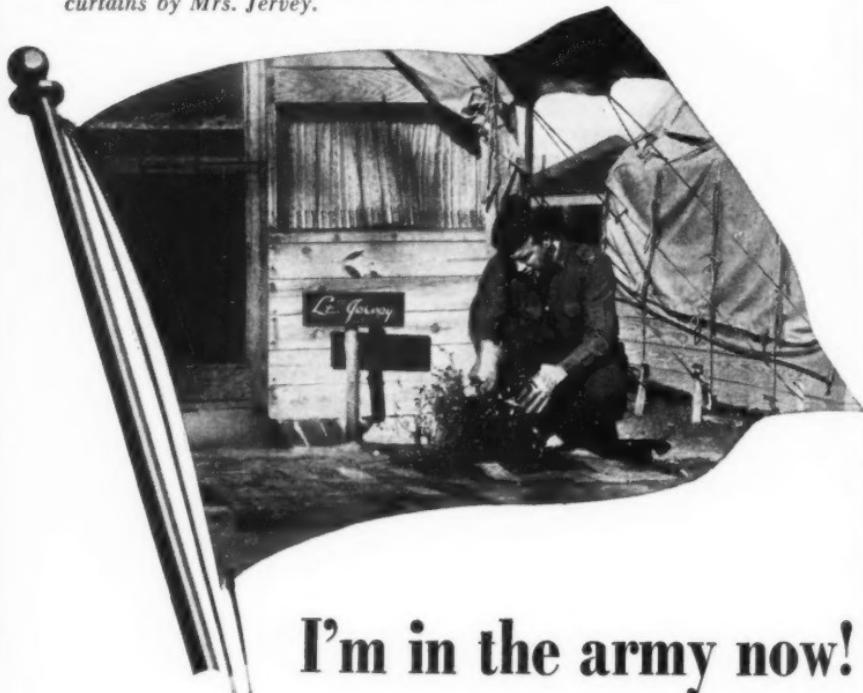
—★—

A growing trend toward use of tax funds to furnish medical care was noted by the Bureau of Medical Economics, particularly in FSA and NYA-sponsored prepayment plans. In a report on the decline of group practice, the bureau announced: "Comments from groups in twenty-one States and from members of defunct groups indicate that there is no financial advantage in group organizations and that the greatest cause of [their] high mortality is probably internal friction."

—★—

A resolution asking that women physicians (the U.S. has about 8,000) be considered eligible for army reserve commissions was rejected.—PATRICK O'SHEEL

*Portrait of an army doctor's home life.  
Lieut. Allen Jersey built his own brick  
porch; planted rose-bushes. Tent-window  
curtains by Mrs. Jersey.*



## I'm in the army now!

BY LIEUT. TED F. LEIGH

This is the persona history of a doctor on active duty with the new U.S. Army. It is set down here just as Lieutenant Leigh recorded it in his note book. Three previous installments covered the period from Jan. 10 through March 15.

FORT McCLELLAN, ALA., MARCH 17

★ I'm acting commanding officer of our Company C for the next few days, during the absence of Lieutenant Harold Safian, the regular C.O., who is going to Benning to take the examination for appointment in the medical corps of the regular army. He'll take a physical, plus four days of exams on medical

subjects. I hear the requirements are plenty stiff.

I keep forgetting that I'm not in the regular army; that I'm a medical reserve officer on extended active duty. Other medical officers here are members of the National Guard.

Ordinarily, I'm in charge of the company's first platoon. Collecting companies have two platoons of forty litter-bearers each, plus a headquarters section of twenty-three men, a station section of fifteen, and a liaison section of seven men. Total: 125.

### MARCH 19

Rain again today. It's been pretty wet right along. The mud, I learn, hasn't changed a bit since the boys were here in '17. Several officers have terrific cases of laryngitis. Tom Dowell from Baton Rouge hasn't been able to talk above a whisper for a month. He looks run down, and has gotten a leave of absence to go home for awhile.

We have definite word about maneuvers this Summer. In June to Tennessee; back here at McClellan for July; then to Arkansas and Louisiana in August and September.

### MARCH 22

We were out practicing improvised splinting this morning. It's remarkable how well these recruits can splint an arm or leg with nothing more than some tree branches and their belts.

The trainees have learned a lot in the past six weeks, and are just about ready to become full-fledged members of the parent regiment. Of course, that doesn't mean the lectures and practice are over for them. Nor for the officers.

This instructional work has been good for me. It is excellent training in public speaking. We try to prepare our lectures well, though some are given informally. They ordinarily are fifty minutes long, and my average is about one a day. The sergeants have a tough job keeping some sleepy-heads awake during outdoor lectures on warm sunny days.

### MARCH 25

Company C threw a big banquet in the mess hall tonight. Paid for out of savings on the soldiers' rations expenditures for the month of Fe-

bruary. Some of the other companies went in the hole because their food cost more than the money allowed them by the army. A lot depends on the efficiency of the mess sergeant.

Many of the officers were there, and Colonel Salisbury spoke. The soldiers had a party after the banquet, and men from the ranks furnished entertainment. A 220-pound professional wrestler, a private and the most bashful man in the company, was persuaded to do some strong man acts. A keg of beer was consumed; whiskey is taboo for soldiers while they're on the post.

### MARCH 27

The training class formally joined the regiment today, and we had "graduation exercises." First we paraded before the commanding officers of the regiment; then came to the recreation hall for several well-wishing talks. From now on the regiment will function as a single entity, without a separate training section. We feel pretty good about the job we've done, and are rather proud of being a part of this army.

Twelve officers, including two majors and four captains, are being sent to the Medical Field Service School at Carlisle, Pa., for the month of April to take refresher training courses. Twelve more will go in May. All of these men have been here since October, and possibly we newer officers will get a chance to go up in the Fall. There was a good article in the March issue of MEDICAL ECONOMICS about the Medical Field Service School,\* and Colonel Salisbury has asked all of us to read it. [Turn the page]

\*"On Location at Carlisle Barracks," pp. 40-47.



Camped out for practice field exercises, Lieuts. lis McDuffey, J. W. Merdith, and De Witt Sm of the 102nd Medic Regiment rise at dawn a breakfast (left) of real, eggs, bacon, and coffee. Lieut. Mered chose ambulance min for quick shave (right). Ambulance is the last type four-wheel drive.

#### APRIL 2

My pay check for last month came to \$186.92. Darned if I don't think I am going to be able to save a little out of it this time.

This being Wednesday, we had the afternoon off. The soft-ball league in the regiment is in full swing.

#### APRIL 5

Yesterday was a full day. Morning spent in simulated gas warfare, gas mask drilling, and supervising litter-bearers in a smoke-bombed area. Plus an eight-mile hike in the afternoon.

Of all the times to be the O.D.

(Officer of the Day), Saturday afternoon and Sunday are the least desirable. I got it today. At 4:30 P.M., the outgoing O.D. turns over the guard-house prisoners and property to the new O.D. in a changing-of-the-guard ceremony. While performing the day's duties this officer has one sergeant, one corporal, and eight sentinels in his charge. Four times during the twenty-four hours the O.D. makes the rounds of the regiment, once between midnight and reveille. This means walking a regular route, checking company streets to see that lights are out and all's well, and that sentinels are at their posts.



Everything has been quiet so far. But the beer at the canteen is pretty strong sometimes, and there have been several fights. We've warned the men that from now on starting a fight will mean being put in the guard-house for two weeks. A soldier threw a knife at a company cook one night when the cook wouldn't give him supper because he was late. No one wanted to press charges (charges must be made to keep a man locked up for more than twenty-four hours), so he was let go. Doctors, being mild-mannered as a general rule, are usually as lenient as can be with the boys.

#### APRIL 6

The Colonel had a buffet supper this evening at his home on the post, and all the newer officers and their wives were invited. I escorted a young lady who is down from

New York and who is staying with my family in Anniston.

It is a custom of the service that a new officer shall call on his immediate commanding officer and the commanding officer of the regiment both in their homes and in their offices on the day of his arrival at the post—and shall make his calls short. Another military custom specifies that one shall not say, "Captain Smith, would you like to go for a ride?" Instead, one says, "Would Captain Smith like to go for a ride?," or, "Would the Captain like to go for a ride?"

#### APRIL 9

Today Governor Lehman of New York visited the fort, and the division put on a huge parade with 15,000 men and over 1,000 motor vehicles participating. Our medical regiment and motorized equip-

[Continued on page 60]

# A locum tenens contract

*Showing, via a sample contract, how to assure mutual employer-substitute protection*

★ "Put it in writing" is a good rule for the physician who, because of military duty or other reason, is obliged temporarily to engage a locum tenens to carry on his practice. With a written agreement, the danger of financial misunderstanding, hard feelings, and loss of income are held to a minimum for both parties.

An agreement of this sort should be drafted by a lawyer. The few dollars he will charge are a trifle compared to the loopholes which are likely to work their way into an amateur contract. The lawyer must of course be furnished with a fairly detailed memorandum from each party. Your job is to tell him *what* to say; *how* to say it is his responsibility.

At the end of the article is a sample contract, legal wording and all. It must be stated—and with emphasis—that this model agreement is not advanced as a specific solution to your problem. State practices and statutes vary widely, and this type of contract might be enforceable in one place and yet be worthless in another. For example, contracts restraining a locum tenens from subsequently setting up practice in a nearby location might be invalid in one State, legal in another. So don't copy this contract. Discuss its provisions with your at-

torney, if you wish. But let him be the draftsman.

The basic points you will want to cover in the final agreement are check-listed below:

1. *The consideration.* It is usually advisable to state that the parties are making the agreement "in consideration of one dollar." In some States,—"and other valuable considerations" is suffixed to this clause.

2. *Time limit.* The contract should specify a term—say one year or two years—with provision for its termination if the departing doctor (let's call him Dr. Smith) returns earlier. The interests of the locum tenens (whom we'll call Dr. Brown) may be guarded by a provision enabling him to terminate the contract after giving sufficient notice.

3. *Maintenance of sign.* Dr. Brown should be bound to maintain Dr. Smith's shingle in its present location.

4. *Maintenance of equipment.* Since the locum tenens will probably be using Dr. Smith's equipment, he should be bound to keep it in good order, with an exception for reasonable wear and tear. Arrangements should be made for Dr. Brown's use of his predecessor's expendable supplies, like drugs, typewriter ribbons, etc. Attention

should also be given to the disposition of equipment bought by the locum tenens.

5. *Personal introductions.* The departing physician should agree to notify his patients of Dr. Brown's status; to introduce Dr. Brown to his hospitals; and to seek some sort of temporary staff connections for him. And of course, Dr. Brown should be obligated to make clear to patients and colleagues his relationship to Dr. Smith, and to emphasize the fact that Dr. Smith expects to resume the practice.

6. *Financial arrangements.* The proportion of the gross income received by Dr. Brown which is to be assigned to Dr. Smith should be exactly stated. It should also be made clear that this applies to income from new patients. What items the locum tenens may deduct before he calculates Dr. Smith's share must, of course, be listed. Provision should be made for payment of telephone bills, nurse's salary, journal subscriptions, and the like. It must be provided that income earned by Dr. Smith before inauguration of the contract but collected after his departure shall be allocated to him. Likewise, Dr. Brown must be assured the return on income he has earned but which is collected after Dr. Smith returns.

The financial arrangement should be expressed as a *salary* to Dr. Brown, so that the Internal Revenue Department does not interpret it as the purchase by Dr. Brown of a capital asset (*good-will*), since in that case both doctors would have to pay income tax on the same income. Dr. Brown could not deduct the payments to Dr. Smith if the contract were construed as a purchase of a practice. Finally, some clause should protect each

doctor against damage suits for the negligence or malpractice of the other.

7. *Death contingency.* The death of either party must be considered. Provision should be made for the protection of the widow or estate. Thus if the departing physician should die during the term of the contract and the locum tenens wish to continue with the practice, the latter should be bound to make payments to his widow or legal representative for a stated period of time.

8. *Periodic accountings and remittances.* The contract should state how often (usually once a month) the locum tenens is to submit accountings and payments to Dr. Smith. The contract may require Dr. Brown to mail the remittances and accountings to Dr. Smith; or it may require that they be sent to Dr. Smith's family or to a legal representative.

9. *Legal amenities.* The legal code governing the number of witnesses, the placement of seals, the deposit of copies of the contract, the filing of the contract, the taking of affidavits, etc., should be carefully observed in accordance with the attorney's advice and the practice of the State.

10. *Non-competition clauses.* In some States it will be proper for the locum tenens to bind himself not to set up practice for a specified time after the contract's expiration in any community within a specified distance of Dr. Smith's office. The "reasonableness" of the time-and-distance specifications varies so much that the attorney should make a special effort to write this clause so that it will hold. It may be advisable to include a proviso that the invalidation of this

particular clause will not disturb the validity of the remainder of the contract.

So much for the chief points to be covered. The following sample contract\* shows how they may be translated into documentary form. As it is written here, the contract would be valid in a few States. But, to reiterate, State laws vary widely; hence the contract below should be used only as a rough guide and not taken verbatim. The actual contract should be drafted by a local attorney.

#### SAMPLE CONTRACT

AGREEMENT MADE THIS TENTH DAY OF AUGUST 1941 between John Smith, M.D., residing at 23 Willow Street in the City of Mastville, County of Reed, State of New Franklin, and George Brown, M.D., residing at 126 Blank Street in the Township of Three-Falls, County of Jones, State of New Franklin; WITNESSETH:

WHEREAS, John Smith is a physician practicing in and around the City of Mastville, State of New Franklin, and is about to enter the military service of the United States, and whereas the said John Smith and George Brown desire to enter into an agreement whereby, for the salary herein stated, the said George Brown shall maintain and take care of the medical practice of the said John Smith during the absence of the latter;

NOW THEREFORE, in consideration of the sum of one dollar to each of the parties in hand paid by the other, receipt whereof is here acknowledged, and in further consideration of the mutual promises and covenants hereinafter contained, the parties agree as follows:

1. George Brown agrees that he will engage in general medical practice at the office of John Smith, 23

\*Numerals in the contract do not correspond to the paragraphs as numbered above.

Willow Street, Mastville, in Reed County, State of New Franklin, for a period of two years from the signing of this contract; except, however, that if John Smith shall return from military service within the said two-year period (whether such return be by reason of his discharge, resignation, demobilization, inactivation, or other cause) then this contract shall be terminable at the option of said John Smith on his giving thirty days' notice to George Brown of his intention to terminate the contract. It is also understood that either party may terminate the within contract without stating any reason therefor, by sending via registered mail a notice of intention to terminate the contract; such notice to be effective at such time as indicated in said registered letter, but in any event not less than ninety days after the mailing of such notice. In the event that George Brown shall for any reason lose his license to practice medicine in the State of New Franklin, then the within contract shall terminate immediately and be at an end.

2. George Brown agrees to keep and maintain the professional sign of John Smith in the window of the premises now occupied by said John Smith, and at its present place outside and in front of said premises on the lawn in front of the property at 23 Willow Street in the City of Mastville. George Brown agrees to remain at that office and to maintain no other office; and to move to no other office except with the written consent of John Smith. George Brown agrees to devote his full business and professional time and attention to the practice of John Smith, and agrees further to restore to John Smith, at the termination of this contract, all furniture, equipment, and personal property now in the office of said John Smith in as good a condition as they now are, reasonable wear and tear excepted.

3. John Smith agrees to deliver to  
[Continued on page 56]



# Good morning, Nurse!

BY MARTIN O. GANNETT, M.D.

When the prospects of humanity seem dreariest, I behold the inventiveness of man, and take new hope for the future. Dr. Kirche's portable dark-room for ophthalmoscopy is an oversized umbrella, with a heavy black sheet hooked to its circumference. The patient holds aloft the open umbrella, and Kirche joins him for a *tête-à-tête* retinal survey.

Dr. Kirche modestly belittles his ingenious contraption. "It has its limits," says he; "with lady patients it's sometimes—hm, ah, awkward..."

\* \* \*

The first announcement card breathed the elaborate severity, the withdrawn other-worldliness of the undertaking brotherhood. A month later, a Christmas card followed, gorgeous with flowers on snow and angels with a remarkable wing-spread.

It was only this week that I found myself walking past the establishment, and belatedly stopped in to acknowledge the courtesy.

"Oh, that's all right, Doc. Us professionals got to stick together. We want you to like us."

I almost caught myself promising I would do what I could for him.

\* \* \*

In succeeding years, I have read succeeding theories about factors predisposing to dental decay. Calcium shortage, vitamin shortage, insufficient use of toothbrush, and overzealous use of toothbrush underlie some of the many theories that have been brought forward with varying degrees of conviction.

By any of these tests, Jim Binns has no right to a sound tooth in his head. But after twenty years of devoted boozing, haggard from mal-

nutrition, and with far-advanced polyneuritis, Jim can match his thirty-two faultless teeth against those of any movie star. What price our deficiency theories?

Jim himself supplies the one sensible clue:

"See them teeth? My old man's was just like 'em. He used 'em to drink with, too."

\* \* \*

"I know it's a heart attack, Doctor; but there's all kinds of heart attacks, ain't there? Only one thing worries me—it ain't a coroner's conclusion?"

Alas, it was. The coroner's conclusion was massive infarction of the myocardium, with rupture.

\* \* \*

"Are you a drinking man, Mr. Sooner?"

"Never was, Doc. Only recently I kind of got started on the stuff, and I can't stay away from it."

"Just how recently is that?"

"Oh, maybe ten, twelve years."

\* \* \*

Fireman Rawlings, who had been caught under the collapsing roof, was found to have an especially precarious fracture of the cervical spine. We all breathed freely when the cast was finally on, with no compression of the spinal cord. That very night, in the course of a nightmare, Rawlings leaped out of bed, twisted out of his cast, ran through the hall screaming, had to be wrestled back into bed. And nothing happened.

Only two days later the next case of fractured cervical spine was brought in. The patient gave a full history of the automobile accident, and was duly examined. He was not in much pain, had no positive neurologic findings, and there was no

spinal deformity. X-ray showed a linear fracture without displacement. Just as the chin halter was about to be put on, the man coughed once, lightly, and was dead.

\* \* \*

His very first morning on the ward, as I made ready to go over him, Mr. Jillet confided in me that he could hear his heart leaking. Well, I thought, maybe. A congenital anomaly might set up enough noise for that. Only he didn't have one.

Two days later he trotted out another of his occult powers. It seems he could feel the muscles contract around his pupil when I flashed a light in his eye—the other pupil remained unconcerned.

This morning at rounds he called to me: "Say, Doctor, you mind if I ask you something? Is it true that there's pipes from the kidneys to the bladder? I thought so. You know something—here I've been lying in bed all morning, and I can just feel about once a minute a drop from each pipe fall off into the bladder. There's a little splash, like . . ."

\* \* \*

Jackie Adams, fourteen, first came to my attention because of a persistent winking tic that distorted his face grotesquely and drove his mother frantic. Somewhat to my surprise, Mrs. Adams called a week later to say that my talk with Jackie had worked wonders. The winking had stopped. The next time I saw Jackie, the reason was recurring nose-bleeds brought on by passionate nose-picking. It seemed to me then that since the boy must doodle somehow, chewing gum might be a harmless absorbent for excess energy.

But circumstances prevented. He

was brought in today with all ten fingernails chewed to the quick. "I got used to chewing," said he, "and my mother wouldn't give me money for gum no more."

\* \* \*

Ned Franklin, smoking a cigarette in the academy lobby, has a tale to tell. His father, a long-time sufferer with duodenal ulcer, will have none of his medicines made up at the drugstore. He takes only the samples Ned gets from detail men.

Why?

Why indeed! It's simple. No company would send samples to physicians without taking good care to offer only their finest drugs. . .

\* \* \*

The middle-aged female who had come in for a check-up was a new experience for interne Seeley. She combined an unpleasantly overbearing manner with odd stories of a Yogi novitiate.

"Young man," she told him, "I wish to show you my own modifications of Yogi exercises. I am going into a period of suspended animation, and I want you to test my reactions during this time."

As a first investigation, Seeley decided to test the patient's spiritual discipline with a dose of salts. The seance was abruptly suspended. . .

\* \* \*

As an added attraction after the free lunch, the Southside Hospital showed the film "Cancer in the Middle-Aged." The cumulative effect of ghastly mutilation and visible suffering evoked whisperings of revulsion even among the hard-boiled medical audience. Toward the end came a particularly horrible picture of an eroding epithelioma that had left of the victim's face little

more than one eye, which winked, impossibly alive, in the devastated head.

Luke Timber, in the next seat, turned away toward me and smiled his wry smile: "The perfect post-prandial tidbit, eh? Just the short subject to go with a double feature. Better than Bingo . . ."

\* \* \*

For inflating your sense of importance, there is nothing like having your picture in the paper.

The gentleman who had swooned on the stage and had come to as if in response to my efforts, was dazed but volubly appreciative. So when the photographer's flash went off, I felt rather like planting one foot on the victim's chest and emitting the ancestral victory cry. However, since perfection in this sad world is not, the newspaper had my name mis-spelled, printed my address wrong by two streets, and deliberately retouched my picture to double the size of my bald spot.

\* \* \*

The high-caloric diet which Dr. Linden habitually orders for his ward patients is superfluous. His list of orders is never less than half a page long; and it is generally agreed that his patients' gain in weight is not so much a matter of diet as the sugar coating on the innumerable pills they swallow.

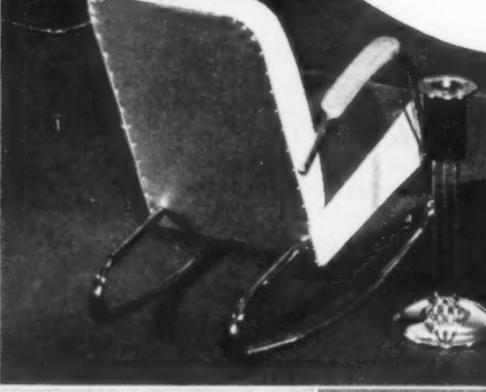
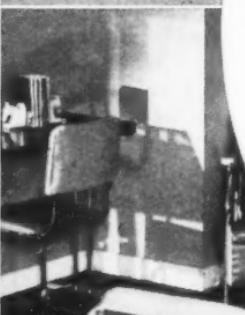
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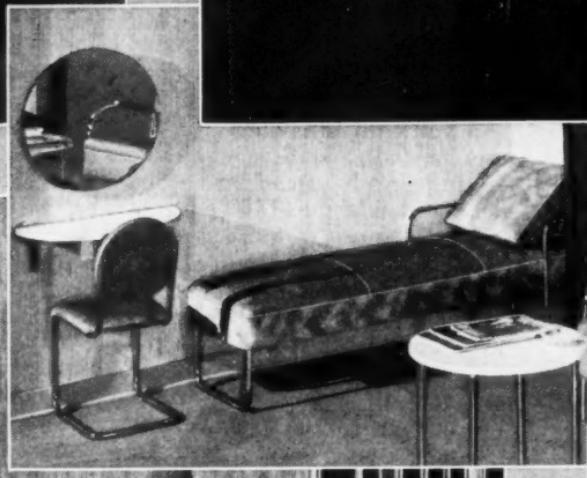
The same day, I saw Medicine in brilliant accomplishment and in tragic failure. The diagnosis of gumma in the posterior wall of the left ventricle, made by Robert Chalif, was confirmed at autopsy. Meanwhile, patient Elgin, undergoing nephrectomy for tuberculosis of the kidney, had his good kidney removed.



## Reception Rooms in **STEEL**

★ Modern-but-not-garish describes these physicians' waiting rooms with their chrome-tube furniture. They show clearly the tasteful results possible even when a sharp break is made with traditional office décor. The fact that the furniture has been designed in harmonious groups, rather than hit-or-miss, contributes signally to its pleasing effect. Note the variety of steel chairs, tables, couches, desks, and accessories.





# Investing in Industry

## THE WAR OF THE METALS

• Guns are superseding butter faster than the American people realize. The effects will be far-reaching on industry and on its owners, including thousands of stockholding physicians. This article will discuss specifically some of the industries and companies that are directly affected by the violent economic changes now under way.

A vast shift in civilian material uses impends, and the new "ersatz" era promises to extend far beyond the duration of the armament program. Producers of finished goods are faced with the problem of finding substitutes for defense metals. The metal industry, in turn, is wondering what to do later on with its greatly increased capacity and, equally important, whether lost markets can be regained.

It is plainly evident now that a metal shortage will be the critical defense problem in the United States at least through the forepart of 1942. This is primarily a war of production of machines and the raw materials and labor that feeds them. Since metals are the life-blood of civilian as well as defense industries, it is in this field that the most pronounced economic changes are occurring.

### ALUMINUM

The metal that causes greatest concern to defense officials because of its widespread use in aircraft is

aluminum. An expansion program that will triple present capacity in the white metal is under way. Yet there will be little aluminum available in the next two years for the non-defense industries which consumed more than 325,000,000 pounds, costing about \$65,000,000, in 1940. Military aircraft needs alone will take one billion pounds of aluminum per annum by the Summer of 1942.

Meantime, the refrigerator, heater, hardware, and automobile industries, among scores of others, are forced to substitute plastics, cast iron and steel, and enamel for aluminum parts; sometimes at lower cost, as in the case of most plastics, and at greater expense for some other substitutes.

The Aluminum Company of America now is and bids fair to remain the major domestic producer of aluminum metal. After the first world war, when aluminum sold at 35 cents a pound, "Alcoa" cut the price to 20 cents, thereby creating new uses. The price is now 17 cents and it is expected that a similar drastic cut when the defense program is over will regain all of the lost markets and stimulate new demand as well. Reynolds Metals Company has become the second aluminum producer recently, through Federal financial aid, and Bohn Aluminum & Brass Corporation may enter the

field due to the emergency. But it is a moot question whether the others will be able to compete with the Aluminum Company on a competitive price basis and still make money when the floodgates go up and aluminum flows back into civilian use.

#### MAGNESIUM

In 1938 magnesium was a drug on the market. In 1941 there is not enough for defense needs; magnesium is the rarest as well as the lightest of all metals. A large percentage of the domestic output is sent to England to make the new deadly incendiary bombs the British are using. What is left goes to the aircraft industry. Fortunately, magnesium was just coming into popular industrial use when the emergency broke, so the lack of it will not cause many hardships to civilian industries.

Dow Chemical Company with its famous sea-water process is the sole domestic producer, although a West Coast concern has a plant under way. Dow is increasing its production several-fold, and the government may encourage others to enter the magnesium picture. While it is a comparatively new metal in this country, magnesium was widely used in Germany and other European countries long before the war. When magnesium is available again for industrial use, trade authorities anticipate that it will be in the forefront of Dow's diversified list of products.

#### ZINC

Overcapacity long has been the curse of the zinc industry. But now that Great Britain and the armament needs of the United States require huge amounts of this metal par-

ticularly for cartridge brass making, smelter facilities are being expanded more than 30 per cent. Even so, the supply will fall short by some 40 per cent of meeting all defense and civilian demands. Some of the markets formerly held in the automobile and other heavy consumer industries may permanently be lost. It is costly to change galvanizing or die-casting processes, and when the shift is made manufacturers often are reluctant to switch back. Thus the temporary prosperity now enjoyed in the zinc industry is like the calm before a storm. Stockholders of the zinc companies must be prepared for low prices for the metal later on, the probability of some lost markets, and a certainty of vast excess refining facilities for peacetime trade.

#### NICKEL

The unexpected development last February of a nickel shortage caused instant concern in defense circles, where it was realized that little could be done by way of plant expansion to increase the supply. It would take two years or more to complete new nickel mine facilities. The automobile industry and other users of stainless and nickel-bearing steel also were alarmed because of the dislocations that loomed ahead for them.

As in the case of aluminum, defense industries will take almost all the available nickel "for the duration." And when peace returns this metal will irretrievably have lost some of its markets to other domestic alloying elements. But International Nickel Company, which produces 95 per cent of all the nickel used in America, will be in a preferred position to many other metal companies. There will be no

competitors to dump huge war stocks on the market, nor will there be vast war-expanded facilities to harry International with excessive depreciation and depletion charges against earnings.

#### COPPER

Like most other strategic metals, the current demand for copper exceeds the supply. But increased use of the red metal is being met by imports from American-owned South American copper mines rather than by large-scale expansion of domestic facilities. There will not be enough copper available from any source to supply all civilian consumers during this emergency. But the shortage will not be as acute as in some of the other metals mentioned, and such important consumers as the construction, utility, and communications industries will be afforded fairly ample supplies.

When the war is over companies like Anaconda Copper Mining Company, Kennecott Copper Corporation, and Phelps Dodge Refining Company will be forced to drastically curtail mining operations until stocks are reduced and prices stabilized. Yet their long-term outlook should not suffer extensively from the standpoint of either lost markets or war expansion.

#### STEEL

The United States Steel Corporation alone can produce more steel than can all the plants in Germany. And yet this giant among industries is compelled to expand its capacity to meet the abnormal demands now placed upon it for ships, tanks, railroad equipment, and plant construction. The steel industry operated at only 60 per cent of capacity

on the average, year in and year out, and the new facilities now in the making will compound the peacetime problem of excess capacity.

There is no important substitute for steel. Hence the loss of markets is not an added concern. However, steel makers view the plastics industry with suspicion and are realists enough to acknowledge that the day is coming when these man-made synthetic products will offer sturdy competition. Already nearly 10 per cent of all the molded plastics made are replacing steel in such uses as lighting reflectors, bottle caps, and office equipment. One concern has equipped 25 per cent of its tractors with molded plastic seats in place of pressed steel. The steel stockholder probably realizes that he has invested in a "feast or famine" industry, although in times like these when steel stocks pay good dividends it is easy to forget that it will not always be so.

#### DOMESTIC METALS

As common alloying metals used in the steel industry—metals such as nickel, tungsten, and chrome—become more scarce, the major shift is to molybdenum, for which this country is the world's reservoir, and to vanadium. For the physician who wishes to make a speculative investment in the metal stocks, these two domestic metals offer as attractive possibilities as any at the present time. Certain European countries which have not had easy access to nickel have made larger use of the versatile "moly" steels than this country. Now that the necessity has arisen, it is found that molybdenum can be successfully substituted for the defense metals in high-speed tool steels, en-

gineering steels, and castings of both iron and steel. Climax Molybdenum Company produces 80 per cent of this nickel-tungsten substitute; Kennecott most of the rest. A constantly increasing domestic demand has more than made up for the former large export trade. One promising characteristic of molybdenum is that relatively small quantities give substantial results, making it cheap to use.

Vanadium is a high quality alloy now widely used in tool steel, armor plate, springs, and structural parts. It is mined domestically, and large quantities are imported from Peru by the Vanadium Corporation of America, which is the principal producer. When the activity of the defense program clears away, it

may be found that molybdenum and vanadium have gained many new permanent markets at the expense of the old established alloys.

In another field, the beer can may have to yield its gains back to bottles or to plastics, depending on what happens in the Pacific to the source of our tin supplies. Container companies like American Can and Continental Can Company thus are threatened with rising costs.

In contrast to the problems of most other imported metals, the supply of lead appears sufficient for all purposes.

#### PLASTICS

This is our first real national experience in substitutes. Defense of-

[Continued on page 64]

## Joint hospital-medical plan begins

An ambitious plan to combine group hospitalization and prepaid medical service is now formally under way in New York City. Physicians and hospitals in the area have been invited to join; officers and directors, elected; and income limitations for participants, determined.

This plan, reported upon in June MEDICAL ECONOMICS, is unique in the group hospitalization movement. It offers participants twenty-one days' hospitalization per year in a ward bed, plus necessary medical and surgical attention *during* hospitalization. Eligible are single persons earning under \$1,200 a year, couples jointly earning under \$1,680, and families with a total income of under \$2,100. Rates are \$12 a year for individuals; \$27 for families.

It's expected that physicians will

receive \$4 a day for each hospitalized subscriber attended. However, a lower rate may be paid in maternity cases. And it is likely that a small fraction of physicians' fees may be withheld to build up a fund for consultants. Hospitals will receive \$4 per bed-day.

New York's Associated Hospital Service is undertaking the plan in partnership with Community Medical Care, Inc., a new non-profit affiliate. The latter received a go-ahead from the State Department of Insurance early in June. Its president is Dr. I. Ogden Woodruff, professor of clinical medicine at the College of Physicians and Surgeons.

Proponents of the A.H.S.-C.M.C. enterprise anticipate a try-out in sixteen counties of New York now served by the hospital plan.

# He drops from the sky

*Dr. Leo P. Martin*

Leo P. Martin is probably the only civilian doctor in the country who is prepared to attend patients via parachute. Yet until a year ago, the doctor had never been in a plane, much less jumped out of one.

In July 1940, a private plane crashed in a remote district of Montana. The pilot of a second plane witnessed the crash, but couldn't land on the rugged terrain. So he flew to nearby Missoula airport,

where he asked the help of Chet Derry, parachute rigger for the U.S. Forest Service. Derry volunteered to bail out over the wreck with first aid equipment. When he landed he found the pilot dead and the passenger badly injured. But he saved the latter's life by prompt first aid.

Not long after the tragedy, a husky six-footer strode into the local Forest Service office. "About this trick of parachuting first aid to injured persons," he began abruptly.





*"With the greatest of ease..." Grasping the rip cord tightly, Dr. Martin bails out (above) at 3,000 feet over Montana's timberland. Facing-page photo shows the doctor (left) with Frank Derry and Chet Derry, his instructor, before take-off in Ford tri-motor plane.*

ly. "Might be a good idea to have a doctor trained to do the job. Never can tell when you'll run into conditions beyond the scope of a first aid man."

"Not a bad idea," admitted the Forest Service officer. "But where's the doctor?"

"You're looking at him," grinned Leo Martin.

To anyone familiar with Dr. Martin's background, it's not sur-

prising to find him stepping out of airplanes over rocky canyons. In 1880 his French-Canadian parents traveled by covered wagon to carve out a livelihood in Montana. Martin himself was born in a log cabin, learned his ABC's in a one-room log school house, and later lived in a log shack while attending high school. "With all the log cabins in my history," he says, "I can't see why I didn't grow up to be President."

When Martin became interested in parachuting, he agreed to trade instruction with Derry, the Forest Service parachutist. Thus, while Derry taught the physician how to pull a rip cord, Martin coached Derry in advanced first aid. The doctor's protégé is now prepared to accompany him as parachuting anesthetist.

Despite his newness to flying, Dr. Martin insisted upon making his practice jumps under emergency conditions. Of his first leap, over heavily timbered country near Montana's Moose Creek, the doctor reported: "It was like coming down in the elevator of a fifty-story building . . . without the elevator."

For real emergencies, Dr. Martin's *modus operandi* is as follows: With first aid equipment and a small two-way radio strapped to his chest, he bails out over the scene of the emergency. Sizing up the situation, he radios the circling plane to drop needed supplies by parachute. Equipment aboard the plane includes a portable operating table, surgical instruments, splints and cast materials, drugs, and spinal anesthetics. If he finds a patient who must be immobilized for a few days, Dr. Martin will signal the plane to drop a stove, blankets, and food.—ROGER T. GREGORY

## A locum tenens contract

[Continued from page 44]

George Brown all of the former's office files, office records, and patient's charts, and to give him written permission to have access to all hospital charts of any patients previously treated by the said John Smith; and George Brown agrees to return to John Smith all such files, charts, and records at the termination of the within contract. John Smith agrees to notify all patients now under his treatment that George Brown is about to take over his practice until further notice, and to advise said patients to continue under the professional care of George Brown. John Smith agrees to place George Brown's professional sign in and around the premises at 23 Willow Street in the City of Mastville, State of New Franklin. John Smith agrees to permit George Brown to use all drugs, medicines, medicinal supplies, medical books, office furniture, and medical and surgical equipment now in John Smith's office; and agrees to inform whatever persons may make inquiry that George Brown is temporarily assuming John Smith's practice; and agrees to introduce George Brown to the secretaries of the medical staffs at all hospitals at

which John Smith now has staff appointments, and to make written request to such medical staffs that George Brown be admitted to such staffs with the privileges of treating private patients in such hospitals, to the extent that such privileges are now extended to John Smith.

4. The parties agree that as salary for services rendered to John Smith by George Brown, the said John Smith shall pay the said George Brown an amount equal to one-half of the net income accruing for services rendered by George Brown during the term of the within contract. In computing the net income, there shall be taken into account income from such services regardless of whether same is collected before or after termination of the within contract. For the purpose of this contract, net income shall mean the gross income from practice less the total office rent, supplies, drugs, office telephone, and other expenses ordinarily incident to the practice of medicine and the maintenance of a physician's office. But dues to medical societies, donations or contributions to charitable agencies, subscriptions to medical journals, the purchase price of medical and surgical equipment not expended in the ordinary use thereof, and the cost of books, shall not be deductible nor included in the expenses when calculation of net income is made. And medical or surgical equipment purchased by George Brown without authorization of John Smith shall be and remain the personal property of George Brown. Income for services rendered by John Smith prior to the tenth day of August 1941 and collected thereafter shall be the sole property of John

---

**HEIGHT SCALE:** Even if you have a mechanical measuring apparatus, it often saves bothersome fumbling to have a height scale painted inconspicuously on a door or wall. Such a scale is especially handy where you have occasion to take measurements in two rooms of your office, in only one of which the standard device may regularly be kept.



**"TOSSE"**  
Sodium Nitrite  
**NITROSCLERAN**  
FOR LONG-LASTING RESULTS

**In Hypertension**

Available in ampuls for injection treatment; also in soluble granules for oral use. Ask your physician-supply house or write to E. TOSSE & CO., INC., 6500 Second Ave., Brooklyn, N. Y. for literature. Export Managers: Comimex, Inc., 2 West 46th St., New York, N. Y.



## MILESTONES IN VITAMIN B THERAPY

### 1920—

One of the first definite indications of the multiple nature of "Vitamin B" was observed by Emmett and Luros (1) who determined that unmilled rice, a rich source of the anti-poly-neuritic factor ( $B_1$ ), contained a second heat-stable, growth-promoting factor ( $B_2$ ).

### Today—

More than 20 years of research has resulted in isolation and synthesis of five different B Complex fractions and animal experiment indicates the existence of other factors. Clinical research demonstrates that a deficiency in one factor of the B Complex is almost always accompanied by deficiencies of other factors.

Thus, physicians today can administer synthetic fractions of the B Complex according to the immediate needs of the individual patient, *but supporting therapy with a dependable natural B Complex source is indicated.*

### "RICE BRAN CONCENTRATE" *a time-tested B Complex source*

The time-tested natural cereal grain source of B Complex factors, used by Eijkman in his famous Vitamin B experiments 44 years ago—and by Emmett and Luros in their dramatic work 23 years later—is available to physicians today through the use of ethical products containing rice bran concentrate.

### "VITAB"\*\* RICE BRAN CONCENTRATE

is a dependable, uniform source of factors of the B Complex derived from the natural cereal grain. "Vitab" is widely used in the ethical B Complex products of leading pharmaceutical manufacturers, (names of products on request). Look for the designation, "Rice Bran Concentrate", on the labels of the Vitamin B Complex products you prescribe.

(1) Emmett, A. D., and Luros, G. O.: *Jour. Bio. Chem.* 43; 265, 1920. (2) Spies, T. D., Vilter, R. W., and Asche, W.: *J. A. M. A.*, Sept. 2, 1939. Scobell, W. H.: *J. A. M. A.*, May 14, 1938. Strauss, M. B.: *J. A. M. A.*, March 26, 1938.



\*\*"Vitab" is a trademark of The Vitab Corporation

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**THE VITAB CORPORATION**  
A SUBSIDIARY OF N. O. P. CO., HARRISON, N. J.

Smith, and shall be forwarded by George Brown to John Smith without any deduction therefrom.

5. In the event that John Smith shall die on or before the tenth day of August 1943, and in the event that at the time of his death this contract shall be in force, then this contract may (at the option of George Brown) continue for two years from the date of the death of John Smith; and in that case the one-half of the net income, as calculated in Paragraph 4 above, shall be payable to the legal representative of the estate of John Smith. [OR...then this contract may (at the option of George Brown) continue for one year from the date of the death of John Smith or until August 10, 1943, whichever date shall be later; and in that case the one-half of the net income, as calculated in Paragraph 4, shall be payable to the legal representative of the estate of John Smith.]

6. George Brown agrees to render monthly accountings and financial statements to John Smith to be sent to John Smith at his last known address (or to his wife, as preferred) on or within ten days of the first business day of each month; and agrees to transmit, at the same time,

all moneys received from the practice of medicine since the last payment, less the amount of salary due to George Brown as calculated in Paragraph 4.

7. George Brown agrees to absolve, indemnify, and save harmless said John Smith of and from any suits, claims, or demands for malpractice or other tort, or for breach of contract, which may be committed or claimed to have been committed by George Brown at any time; and in a like manner, John Smith agrees to absolve, indemnify, and save harmless the said George Brown from any claims for any tort or breach of contract committed or alleged to have been committed by John Smith.

8. George Brown agrees to deliver to John Smith or to his legal representative all files, charts, and records of any patients seen, examined, or treated by George Brown during the term of the within contract, regardless of whether such patients had been seen, examined, and/or treated by John Smith prior to the date of the within contract.

9. George Brown agrees not to reside or practice, as physician or surgeon, directly or indirectly, individually or as an employe or partner or assistant, within a radius of twenty miles from 23 Willow Street in the City of Mastville, State of New Franklin, for a period of three years after the termination of this contract. Except that in the event of the death of John Smith during the term of this contract, the legal representative of John Smith may, at his option, release George Brown from the operation of this clause.

10. After the termination of the

---

**WALL-SPACE ECONOMY:** On the wall above his treatment room wash-bowl the doctor had a box-shaped paper-towel dispenser. He wanted to put a mirror there as well. To save space and to avoid a cluttered appearance, he bought a mirror the size of the towel holder and affixed it thereto after boring a hole in each corner.

# COOPER CREME

AMERICA'S ORIGINAL CONTRACEPTIVE CREME

TESTED BY TIME  
WHITTAKER LABORATORIES, INC. PROVED BY EXPERIENCE  
250 WEST 57TH STREET NEW YORK, N. Y.

# THE ROCKING CHAIR LADY



Inactivity and the low-residue dietary of patients past middle age make constipation a symptom common to all. Gentleness is the keynote in treating these cases, and Bassoran is the gentle aid toward comfortable elimination.

## BASSORAN

(sterculia gum and magnesium trisilicate)

supplies the soft, motile bulk necessary for abundance, adsorbs toxic substances from the sluggish bowel, and neutralizes the frequently-associated excess gastric acidity.

### Two types are available:

**BASSORAN**, Plain (for routine use)

Sterculia gum, 87%; Magnesium trisilicate, 8.7%

**BASSORAN** with Cascara (for early treatment of obstinate cases)

Sterculia gum, 82.5%; Magnesium trisilicate, 8.3%;  
Aromatic fluidextract cascara sagrada, 72 min. per  
ounce.

Both types are supplied in 7-oz. and 25-oz. bottles.

Trade Mark "Bassoran" Reg. U. S. Pat. Off.

Write for literature and sample

**THE WM. S. MERRELL COMPANY**

Founded 1828 • Cincinnati, U. S. A.

within contract, monthly accountings shall be taken of the income of John Smith for a period of one year, for examinations, treatments, and other professional services rendered by George Brown during the existence of the within contract, and said John Smith shall pay as salary to the said George Brown one-half the gross income from such patients or for such services, without making any deductions therefrom; except that there may be deducted therefrom the fees of any attorney or collection agency retained to enforce collection of the said accounts. During the second year after the termination of the within contract, semi-annual accountings shall be taken of the income of John Smith for services rendered by George Brown, and payments shall be made to George Brown in like manner as above stated. Any accounts from patients seen, examined, or treated by George Brown, which remain unpaid for two years after termination of this contract shall be deemed uncollectible and John Smith shall be under no liability to account for such claims to George Brown.

11. It is the express intention of the parties that this agreement shall constitute a contract for services rendered by George Brown to his employer John Smith; and that it is not and shall not be construed as a partnership or joint venture; and that George Brown is not purchasing the

practice, good-will, or other assets of John Smith.

12. If any clause or paragraph of this contract be construed illegal, invalid, or unenforceable by any court of the State of New Franklin or by any court of the United States of America, then it is agreed by the parties that such invalidation shall not affect the remaining portions of this contract which shall then continue in force.

IN WITNESS WHEREOF THE PARTIES HAVE HEREUNTO SET THEIR HANDS AND SEALS THIS TENTH DAY OF AUGUST 1941. (Signed, sealed, and delivered in the presence of ——.)

—ARTHUR SPANE

### I'm in the army now!

[Continued from page 41]

ment were in the show. It was quite spectacular. One gets an idea of just what a tremendous program we are undertaking.

The army is good about time off. This being Wednesday, the parade took our afternoon away from us, so now we are to have Saturday morning free to make up for it. Very nice Easter week-end, I'll say.

Most of the men who remained here at Christmas are getting a ten-day furlough—with pay—beginning today. [Turn the page]



with DR. YOUNG'S RECTAL DILATORS

A useful adjunct in the treatment of constipation. Set consists of four graduated bakelite dilators. Introduced in series as the muscles become accustomed to dilatation. Recommended for post-operative rectal discomfort. Sold on prescription only. Available for your patients at ethical drug stores or your surgical house.

Set of 4 graduated sizes \$3.75.

WRITE FOR BROCHURE . . . F.E. Young & Co., 410 E. 75<sup>th</sup> ST., Chicago, Ill.

• WRITE FOR SAMPLE AND FORMULA

BOILS

STANNOXYL

Treats  
Both  
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ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 75 Varick St., New York, N.Y.

# COLLOIDAL VS IONIZABLE IRON

The iron-protein of OVOFERRIN is colloidal, non-irritating, highly assimilable.

Iron salts' ions may irritate stomach and intestines.



## In the CHLOROSIS YEARS

WHILE the incidence of frank chlorosis is today much lower than in former years, there is nevertheless a decided tendency for adolescent growing girls to develop a characteristic clinical triad—anaemia, malnutrition and digestive malfunction. In combating this syndrome, colloidal iron-protein has major therapeutic advantages over the iron salts. The salts (sulphates, citrates, etc.) are split up in the stomach with release of ions likely to be astringent and irritating. In the intestine, such ions form inert precipitates which are dehydrating, constipating and difficult to assimilate.

But the iron in OVOFERRIN is *colloidal* protein. It is not in ionic form. It is little affected by the gastric juice. It is stable

and cannot irritate. It arrives in the intestine as a fully hydrated colloidal oxide which cannot constipate and is readily assimilated. It is noteworthy that most nutrition is absorbed in colloidal form.

Not only is OVOFERRIN a rapid blood-builder, free from irritating and constipating effects, but it appears to have a decided propensity for appetite stimulation. Important also in insuring patient cooperation in these finicky young ladies is the fact that it is tasteless and odorless and that it cannot stain or dissolve tooth enamel. But it achieves these effects, not by coating or sweetening or masking, but by the simple inherent fact of its colloidal form. Dosage—one tablespoonful in a little milk or water at meals and bedtime. Liberal sample on request.

PREScribe **OVOFERRIN**

COLLOIDAL IRON-PROTEIN BLOOD-BUILDER

In Secondary Anemia, Convalescence, Pregnancy,  
"The Pale Child," and Run Down States

**A. C. BARNES COMPANY**

NEW BRUNSWICK, N. J.





## SLOW GRINDING ... the Marvel behind VIM SMOOTHNESS

*Slow-grinding* produces the smooth-acting syringe that frees you of exasperating leakage and backfire, of faulty, "sticky" action.

*Slow-grinding* matches each piston and barrel to an individually exact fit within  $1/10,000"$ . *Slow-grinding* is the marvel behind the velvety smoothness and tightness of VIM Emerald Syringes.

And because *Slow-grinding* does not injure the temper of the glass, VIM Emerald Syringes maintain their accuracy and smoothness indefinitely. The *Slow-ground* VIM is the longest lived, lowest-cost-to-use syringe you can buy.

All standard sizes; order from your surgical instrument dealer by the name VIM.



### APRIL 11

For the past three days, I have been acting major of the First Battalion. No special honor; it's just that we're short of officers. My biggest job was to issue a field order to Companies A, D, and G, which supported the 106th Infantry in an all-day maneuver today. Field orders state the military situation (invading army from Georgia, in this case; all imaginary, of course), the plans decided upon, the destinations of the regimental team, and what to do. We went out to the area in motor trucks and ambulances, set up our collecting station at the designated spot, and sent out men to contact the battalion aid station of the infantry regiment, which they found right behind the front line. From the aid station we evacuated seven patients, five by litter and two walking, to the collecting station, and after checking their emergency medical tags sent them by ambulance to the clearing station several miles back. It was good experience.

I hear from Adjutant Maher at headquarters that the whole regiment is going on a bivouac lasting from Monday to Friday of next week.

Out with the bedding roll!



**PRE-TYPED PRESCRIPTIONS:** To save time, a busy Eastern practitioner has his nurse type up ten or a dozen duplicate copies of stock prescriptions, using his regular prescription blanks. When he wishes to give a standard prescription, he merely signs one of the filled-out slips.

One obvious caution: This procedure shouldn't be apparent to the patient, or he won't feel that he is getting individualized care.



# *Summer Activities and* **PRURITUS**



THE tormenting pruritus of ivy and oak poisoning, so frequently encountered during the outdoor season; the heat-intensified pruritus ani, vulvae or scroti, and the itching of perspiration-aggravated eczema, ringworm, intertrigo, multiple insect bites and urticaria quickly yield to Calmitol. Not only is relief obtained with dramatic promptness, but a single application usually suffices to hold pruritus in abeyance for several hours.

Because of its contained ingredients (chloro-iodo-camphor aldehyde, levo-hyscine oleinate, and menthol in an alcohol-chloroform-ether vehicle), Calmitol Ointment blocks the further transmission of offending impulses, exerts a mild antiseptic action, contributes to resolution by local hyperemia. In obstinately severe pruritis, Calmitol Liquid is recommended, except on sensitive areas or denuded surfaces.

*Thos. Leeming & Co. Inc.*

101 WEST 31st STREET  
NEW YORK

# CALMITOL

THE DEPENDABLE ANTI-PRURITIC



## Investing in industry

[Continued from page 53]

ficials are demanding the increased use not only of substitute metals but also of plastics of all types in every possible way. No wonder that the sale of thirteen principal types of plastics now on the market have increased from fifteen million pounds in 1932 to one hundred and sixty million pounds or more in 1941. And of all the principal industries engaged in defense work it is a fair assumption that the chemical industry with its plastics will be among the least adversely affected after the emergency is over. In fact, trade authorities say that the 1941-42 advance in the use of plastics will be as great as they had expected to take place in the next ten years.

Chemical companies like E. I. du Pont de Nemours Company and Union Carbide and Carbon Corporation are unable to expand their plastic making facilities fast enough to meet the tremendous demand from new markets. Makers of coffee percolators, washing machines, refrigerators, and motor car parts are turning to plastics—where there are enough plastics.

After the war is over, the real

battle between plastics and metals will begin. As matters stand now the plastics people can invade the metal markets almost at will. Concerns molding synthetics are scrambling for second-hand presses and old metal-working machinery which they can retool. The chemical companies, many of them, are operating new explosive and other defense plants. But most of these Government-owned facilities will not be suitable for peacetime use and should not be a thorn in the side of this industry when the shooting is over.

Except for heavier taxes, the chemical investor appears to have relatively little to worry about as he looks ahead to the aftermath of war.

### MOTOR CARS AND METALS

Defense officials have requested the automobile industry to cut production 20 per cent in the new model year. However, with supplies of steel and other defense metals shrinking each month, motor executives fear that a curtailment of as much as 50 per cent will be necessary. The automobile companies have more than two billion dollars in defense contracts as com-



#### ... Promotes Peristalsis by Bulk and Lubrication

KONSYL—beneficial in catarrhal colitis caused by purgatives and indicated in chronic constipation. Forms soft bland non-irritating bulk. ECONOMICAL. **WRITE FOR SAMPLE.**  
Serving Physicians Since 1885 ME 7-41

BURTON, PARSONS & COMPANY, WASHINGTON, D. C.



**WARNING**  
Chemical analyses show that pinches of cotton used in cigarette mouth-pieces are entirely ineffective in removing any appreciable amount of nicotine from cigarette smoke.

#### NICOTINE CONTENT Scientifically Reduced To LESS Than

1%

**SANO**

Denicotinized Cigars  
Cigarettes  
and Pipe Tobacco

A real safeguard in prescribing a reduced nicotine intake. Send for professional samples today—Available to physicians only.

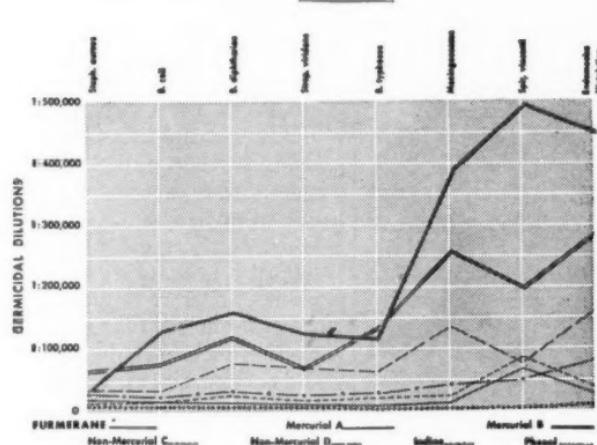
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# ANNOUNCING A NEW PRODUCT OF SEARLE RESEARCH



## FURMERANE (2-HYDROXY-MERCURI FURAN)

FURMERANE exhibits unusually high bactericidal and bacteriostatic properties on a wide range of organisms. It exerts these properties even in very weak dilutions and in the presence of serum and exudates.

One of the outstanding features

of Furmerane is its unusual freedom from tissue irritation.

Furmerane is supplied both in Tincture and in Solution forms, and is indicated in any condition where a bactericidal agent is required.

Physicians are invited to write for full descriptive literature.



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AN ANTISEPTIC  
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Spray assures thorough application, facilitating coagulation of protein. Rapid evaporation permits frequent application. Readily forms more pliable eschar.

Solution remains stable, is ready for immediate use at all times.

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## PROTECT babies from SERIOUS FALLS



For generations high chairs have tipped over causing serious or fatal accidents. The BABEE-TENDA Safety Chair (patented) eliminates this hazard. IT IS LOW and can't be tipped or pushed over like a high chair. A Safety Halter Strap positively prevents babies from climbing out. Folds compactly for traveling, can be used outdoors. Is highly endorsed by Pediatricians because it PROTECTS babies from injuries. Sold only direct to consumers.

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pared with a three billion sales volume in a good car year.

Earnings from defense won probably will not make up for the coming reduction in automobile output. But if the motor industry should continue making cars at the present record rate, a severe recession would inevitably develop later on. As it is, a demand reservoir may be created that will be most helpful when the companies are able to get all the raw materials they need to resume normal operations. In the meantime, the motor industry is learning how to make planes, aircraft engines, and propellers. Later on they may become leading factors in the private plane and commercial air transport fields.

A shortage of metal, such as the defense program is now causing, will affect the course of all industry within the next two years more than the War of the Roses altered the civil life of England during thirty years of fighting. Revolutionary economic changes generally follow major conflicts. As this is a war of metals in the same sense as the first world war was a war of chemicals, the investor should review his holdings in the mining field in light of the shortages and diversions now taking place.

—RAYMOND HOADLEY



**"OUT OF SIGHT . . .":** Here's a novel method of keeping patients from becoming unnecessarily alarmed at their blood pressure readings. It consists merely of fastening the sphygmomanometer to the wall, with a chair in front of it so that the instrument is just above and behind the patient's right shoulder, out of his sight.

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YOUR PARTNERS IN HEALTH SERVICE



## U. D. THIAMINE HYDROCHLORIDE

available to your patients in a variety of dosages

Physicians welcome U. S. P. Thiamine Hydrochloride in the various forms prepared by the United Drug Department of Research and Technology, one of America's finest pharmaceutical laboratories. You can prescribe U. D. Thiamine Hydrochloride in tablets or elixir form. The following potencies are in tablet form:

0.33 mg.	(100 units Vitamin B <sub>1</sub> )
1 mg.	(333 units Vitamin B <sub>1</sub> )
3 mg.	(1000 units Vitamin B <sub>1</sub> )
5 mg.	(1665 units Vitamin B <sub>1</sub> )
6 mg.	(2000 units Vitamin B <sub>1</sub> )

10 mg. (3333 units Vitamin B<sub>1</sub>)  
12 mg. (4000 units Vitamin B<sub>1</sub>)  
Elixir Thiamine Chloride (2220 units  
Vitamin B<sub>1</sub> per fluid oz.)

U. D. Thiamine Hydrochloride Tablets and Elixir Thiamine Chloride U.D. may be had only at Rexall Drug Stores—Liggett and Owl Stores are also Rexall Stores—where trained pharmacists are ready to fill your prescription to the letter with U. D. or other standard pharmaceuticals. For safety and economy tell your patients to have your prescriptions filled and to purchase their drug store supplies at their convenient neighborhood Rexall Store.

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**CAMPHO-  
PHENIQUE**

This well-known antiseptic, antipruritic and decongestive cools and soothes sunburn, prickly heat, and intertrigo. When applied routinely to non-poisonous insect bites and to plant dermatitis, it counteracts itching and allays congestion. Moreover, in boils, and impetigo contagiosa, Campho-Phenique promotes comfort and assists healing.

Many skin conditions, and particularly those present in hot weather, react favorably to Campho-Phenique.

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**700 N. Second St. • St. Louis, Mo.**

### G.P.'s win section in A.M.A.

[Continued from page 30]

vance program. If they do come, they are exasperated by a registration card which asks them to indicate a preference for one of sixteen sections, but which strikingly omits general practice. They are hypnotized by the professional profundity of many of the scientific papers.

"Those who do attend are likely to go home belittled, bemused, and disgruntled."

Opponents of the proposed section expressed themselves at the hearings in these terms:

"At every annual session, a tremendous number of papers are read which would be of great value to general practitioners. Let these men pick and choose their subjects selectively. It's an insult to their intelligence to say, in effect, 'Here's a lot of intellectual food, but since you aren't capable of digesting it, we'll have to get up a special menu for you.'"

(Apropos of the latter argument, the remarks of one able 1941 delegate are worth quoting: "I'll grant that by a meticulous advance study of the program, by an exquisite sense of timing, with the help of extremely long legs and rare good luck, a man could have enjoyed a most informative general practice program by simply skipping from one meeting to another. But if his schedule went askew, or if his legs gave out, he would have had a highly *uninformative* time of it. Listening to super-technical papers, he would have missed many lectures which possessed practical merit and application.")

When hearings were completed, the Michigan resolution was re-

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ported out of committee for consideration by the House of Delegates. The house thereupon voted that an experimental Section on General Practice should be organized, holding its first regular section meeting at the 1942 convention. According to A.M.A. by-laws, next step was the appointment of officers for the new body by the Section on Scientific Assembly.

The new section, in the opinion of a physician who was among the foremost in the campaign, "will make available to general practitioners everywhere their long-desired opportunity to secure autonomy, registration, and participation in A.M.A. affairs."

Other medical leaders reached by MEDICAL ECONOMICS just before press time expressed the following views:

From a delegate to the Cleveland session: "The defining of this new section as 'experimental' is proper. Every other section has first been established on an experimental basis.

"The 1942 session will determine whether the section is practicable, and—more important—whether the much-discussed (and often disgusted) general practitioner will support it.

"G.P.'s should remember that this is not to be a section for the discussion of medical economics, nor a Forum for Fulminating Fanatics. By constitutional obligation, it exists for the presentation of papers on the art and science of general practice."

From a specialist, officer of a State society: "I am delighted that a general practitioners' section has been set up. Its advent is particularly appropriate at this time. With



## Looks simple, doesn't it?

Actually, every curve of the Davol "Anti-Colic"\*\* brand Nipple was plotted with the utmost care. The stubby tip avoids crowding the infant mouth. The gently rounded, reinforced shoulders simulate the shape and firmness of the lactating breast.

Mothers and nurses like the safety and convenience offered by the patented pull-tab. Also the fact that the nipple can't invert into the bottle during use—though it's easily turned inside out with the eraser end of a pencil for thorough cleaning.

These and many other features account for the efficiency and popularity of the "Anti-Colic" brand "Sani-Tab" Nipple. It looks simple. And it is simple—to use!

\*T. M. Reg. U. S. Pat. Off.

# DAVOL



Send for a complimentary copy of "Bottle Feeding in Relation to Infantile Colic and Malformation of the Mouth." Please print your name and address carefully. Davol Rubber Company, Dept. M-7, Providence, Rhode Island.

so many physicians taken from civilian practice, new medical problems have fallen on the backs of the men who remain behind—and they are often problems in the domain of the G.P.

"Enormous industrial expansion is creating equally enormous demands for industrial physicians. If the health of workers is to be maintained, a large recruitment must be made from the ranks of general practitioners. Certainly this is one problem which the new section on general practice could advantageously take in hand.

"Further in the future are shadowy but appalling problems connected with the demobilization of physicians in the armed forces. Here again is a great opportunity for the new section, because some way will have to be found to buffer the shocks of such a demobilization.

"It will take time to set up an efficient section, and to integrate it with already functioning sections. So now is none too early to begin this work."

From a doctor active in A.M.A. affairs: "It's well known that A.M.A. officers conduct informal, one-man Gallup polls as they tour the country—and they report that there's no disaffection or dissatisfaction with the A.M.A. This is rather like a general asking an ordinary buck private how he likes the army!"

"Most realistic physicians will admit that there's a good deal of talk in staff rooms, over the poker table, even at society meetings, about the supposed shortcomings of the A.M.A. And much of it concerns the apparent disregard for the general practitioner. In fact, our retiring president devoted a portion of his swan song to scotching the idea that the A.M.A. is run by a clique of brass hats, ably assisted by bureaucrats.

"It seems to me that if G.P.'s continue to grouse about how their organization is run by brass hats, and if that's all they do, they really deserve to get what many of them seem to think they're getting—the run-around.

"It's logical that if general practitioners aren't satisfied with their leadership, they should see to it, through their county and State societies, that their delegates really represent them. The House of Delegates is actually a responsively democratic organization. So if G.P.'s really want more than just something to grouse at, let them elect their delegates. They've got the numbers to do it."

## Dr. Weaver's ADJUSTABLE NASAL FILTER

**A Practical Success—More than 40,000 in use!**  
Fitted only by leading physicians supply houses

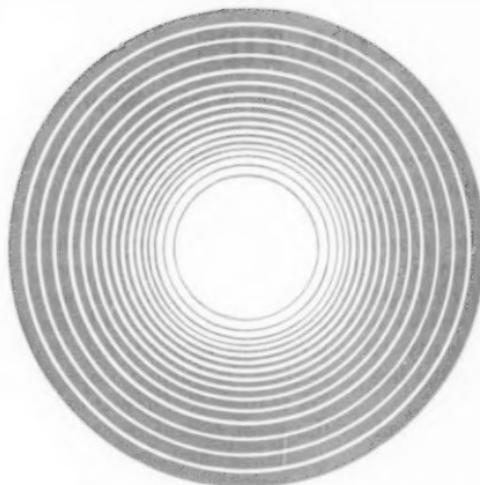
A nasal filter is worthless unless it fits snugly and comfortably—exactly as in the case of dental plates. Dr. Weaver's alone is adjustable in all dimensions.

Recommend this relief when treating stubborn cases of **Sinusitis, Hay Fever and Seasonal Asthma.** Correspondence invited, or ask your physicians supply dealer for a demonstration.

The Nasal Filter Co.

Columbus, Ohio





## The Vicious Circle

Set up in hypertension is familiar to every physician. The patient, with attention focused on his ailment and its attending symptoms, frequently develops anxiety and apprehension to the point of despair. Such mental stress then tends further to aggravate his condition and to elevate the blood pressure that is already too high. This increase in pressure in turn aggravates the symptoms. And so the circle maintains or accelerates its vicious momentum.

**NO MATTER WHAT** the underlying causes of high blood pressure in any given case, there can be little question as to the desirability of breaking the vicious circle. ALLIMIN Concentrated Garlic-Parsley Tablets provide a therapeutic agent well suited for this purpose. In the great majority of cases, treatment with ALLIMIN provides prompt and effective relief from the subjective symptoms, as well as an appreciable lowering of the blood pressure. Thus the vicious circle is broken at two points with resulting clinical improvement.

**ALLIMIN PROVIDES** such improvement with no harmful side- or after-effects. There are no contraindications to use of ALLIMIN and no incompatibles. Therefore, ALLIMIN Tablets may safely be prescribed in combination with other therapy or in circumstances that call for prolonged medication. Each tablet contains 4 $\frac{3}{4}$  gr. garlic concentrate and 2 $\frac{3}{4}$  gr. parsley concentrate with excipients and coating.

**ALLIMIN IS AVAILABLE** on prescription at all good drug stores everywhere. For professional sample and covering literature, check, sign and mail the coupon herewith.

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## LOCATION TIPS

*A free service to M.D.'s seeking places in which to practice*

★ An up-to-date list of towns in which physicians have just died is compiled each month by MEDICAL ECONOMICS. A copy of the current list is now available on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hospital facilities available.

The death of a physician (only active, private practitioners are considered) does not, of course, guarantee a vacancy for another doctor. But openings are created in a sufficient number of towns so that they amply merit investigation.

Only those communities are included in the list which have less

than 50,000 inhabitants and in which the ratio of doctors to population is reasonably favorable.

Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from MEDICAL ECONOMICS' post-office returns (returned copies marked "deceased"). They thus constitute the most complete and timely list available anywhere, due to the magazine's comprehensive circulation (more than 130,000 monthly).

NOTE: Readers are cordially invited to submit names of towns in which vacancies have occurred. Address them to MEDICAL ECONOMICS, Rutherford, New Jersey.

## To administer **AMINO ACIDS**

THE synthesis of plasma proteins . . . the reconstruction of tissue proteins . . . and the formation of enzymes, hormones, and possibly even some vitamins in the body—are all vitally dependent on the intake of amino acids.

Yet, the normal supply may be seriously curtailed by anorexia, dietary limitations, or faulty metabolism.

To relieve threatened or actual blood protein deficiency, Aminoids provides essential amino acids, hydrolyzed by enzymic digestion from native proteins—together with carbohydrates, reinforced with vitamins B<sub>1</sub>, C, and D. Available in plain and chocolate flavor. Indicated for both children and adults. Send for literature.

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**INDICATIONS**  
Conditions in which blood protein deficiency exists, such as underweight, gastric ulcers, convalescence, nephrosis, and pre- and post-operative feeding.

*Prescribe* **AMINOID**  
THE MULTIPLE AMINO-ACID PRODUCT



## THE RIGHT SUBSTITUTE ... at a critical moment

SUBSTITUTION therapy—through the administration of whole kidney substance—proves an invaluable supplement to a regime of rest and dietary restrictions, in many critical cases of renal disease amenable to therapeutic assistance.

For such therapy, Nephritin provides the active principles of the kidney, prepared from fresh renal tissue, in stable and active form—free from preservatives or toxic elements. It is not a glycerin nor aqueous extract, and is unaffected by gastric secretions.

Clinical evidence shows that, when administered in adequate dosages over a sufficiently extended period, it often helps materially to augment urinary flow, relieve nocturnal polyuria, increase the quantity of urea and total solids, decrease albumin and the number of blood cells and casts, and reduce edema. It may also be considered for renal hypertension.

Administration must be started early, giving sixteen tablets and upward daily, and continuing as the patient's condition requires. Send for samples.

Dosage: 4 to 6 tablets, 4 to 8 times daily  
—according to the severity of condition.

REED & CARNRICK, JERSEY CITY, N. J.  
Pioneers in Endocrine Therapy

# NEPHRITIN

Available in bottles of  
80, 500, and 1,000 tablets.



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inhibits growth of



- No bandaging
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Physicians prescribe Mazon  
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## MAZON SOAP

Mazon Soap insures the best possible  
results with Mazon. Use only Mazon  
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**for** free sample of Mazon  
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# THE NEWSVANE

## "War Games"

How does the wife of a doctor on active duty spend her time?

Lieutenant Benjamin R. Gutov, Detroit physician now serving with the 102nd Medical Regiment, had to face this question last month. While participating in the Tennessee maneuvers, he received a letter in the form of a jig-saw puzzle. It was from Mrs. Gutov. After spending more than an hour piecing it together, the lieutenant read:

"Don't work too hard!"

## Sees British Starving

Grave danger of starvation in England as a result of the German blockade is seen by Dr. Robert S. Harris, research expert at Massachusetts Institute of Technology.

Speaking at the annual meeting of the Massachusetts Medical Society, Dr. Harris expressed the opinion that nutrition research probably has placed Germany beyond reach of the British blockade.

"England," explained Dr. Harris, "has lost several neighboring islands from which important quantities of vegetables and dairy products have been received in the past. At the same time, all of the important vitamins man needs can now be synthesized within Germany at little cost. Rapid maneuvering of the panzer divisions would have been difficult without this simple method of dehydrated feeding, which requires no refrigeration and is only one-fifth as bulky as other foods."

Economic considerations and ignorance of balanced feeding methods have kept residents of the United

States on a "dietary borderline," Dr. Harris said.

## Doctors Dodge Draft

Young physicians were accused of faking physical disability to avoid military service by Lieut. Col. John H. Schaefer, medical corps officer of the Ninth Corps Area, speaking at the recent California Medical Association convention.

Colonel Schaefer told of one young doctor who simulated illness by use of a thyroid stimulant, and who later boasted of his success in outwitting the army physicians. Others, the colonel said, claimed non-existent permanent injuries, and several made false claims of defective vision. One doctor tried to escape military duty by falsely stating that he owed a large sum of money.

The attitude of older men in the medical profession is altogether different, the colonel declared. He said he knew of many elderly physicians, long established in lucrative practices, who were seeking assignment to military service.

Colonel Schaefer estimated it would require 16,000 new doctors a year to care for the proposed army of 2,500,000 men.

## Disease On Purpose

Some Selective Service registrants are deliberately contracting venereal diseases to avoid military service, and in metropolitan areas petty racketeers are advertising such diseases for sale to prospective draftees. Colonel Richard H. Eanes, assistant Selective Service medical chief told physicians at the recent Oklahoma State Medical

Association convention.

Colonel Eanes also told of cases where men with physical disabilities had hired out to take examinations for registrants.

## New Tax on Autos

How much will the proposed new tax on retail auto sales amount to? When will it become effective?

To answer these questions for physicians, MEDICAL ECONOMICS last month sought the opinion of a leading Washington business agency. This opinion holds that the tax will amount to 10 per cent of the retail price, and that it will become effective on or about Sept. 1. Present estimates of the coming reduction in output of new cars vary from 30 per cent to 50 per cent.

## When Draftees Sue

The Federal Government stands prepared to defend doctors who are sued for malpractice as a result of their activity on Selective Service draft boards. So reported Major Edgar Shattuck, legal representative of Selective Service Headquarters, to the Medical Society of New Jersey at its recent annual meeting.

Major Shattuck explained that the Government could not in advance agree to indemnify defendants for any judgments rendered against them in such actions, but explained that if a judgment should be secured, a special bill would be introduced in Con-

gress to provide an appropriation for such indemnification. What the Government could do would be to provide the legal services of the United States Attorney's Office, it was stated.

The question was raised in connection with the case of a New Jersey physician who, following draft board regulations, washed out the wax from a registrant's ear in order to see the eardrum. The procedure disclosed an old perforation, which the registrant alleges was produced by the trauma of the ear irrigation. Accordingly, he is suing the unsalaried draft-board doctor for \$250,000. Investigation by Colonel Leonard Rowntree, medical director of Selective Service, revealed that the doctor's activity was completely in accord with the regulations, that his judgment was sound, and that his technique was proper.

Other physicians at the meeting feared this case might start an epidemic of malpractice actions. One man told of a registrant who said his heart was strained by being required to jump up and down twenty times during the cardiac examination. Another spoke of a registrant who threatened a libel action because he was rejected as an epileptic.

## Precedent Faces A.M.A.

Discussing organized medicine's chances for success in appealing its antitrust law conviction, Samuel Shaffer, writing in *The Washington Times-Herald*, said:

**CYSTOGEN**

When symptoms point to infection of the ureters, bladders, prostate or posterior urethra, or the renal pelvis . . . then Cystogen is indicated for immediate prescription. Cystogen's rapid action in easing renal and vesical pain, in making fetid urine non-odorous and non-irritating has proved a noteworthy adjuvant to the physician's treatment of genito-urinary infections. Well tolerated Cystogen may be administered over a lengthy period without untoward effects. In 3 forms: Cystogen Lithia, Cystogen Tablets, Cystogen Aperient. Send for free samples.

**THE DEPENDABLE URINARY ANTISEPTIC**

**METHENAMINE  
IN ITS  
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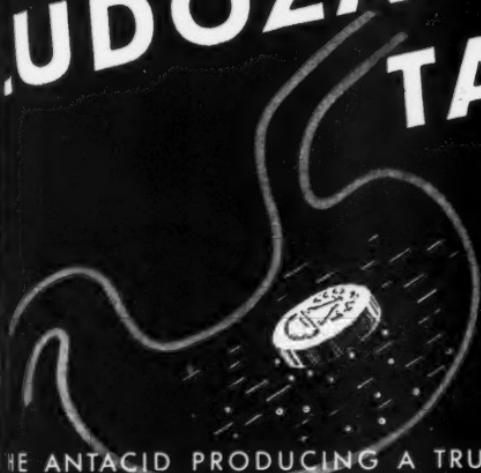
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# SCHERING PRESENTS THE NEWEST ANTACID

# LUDOZAN TABLETS



The illustration shows a single LUDOZAN tablet at the bottom of a stylized, swirling stomach. Above it, a circular area is filled with small dots and lines, representing gastric juice or acid. The tablet appears to be dissolving, with some of its surface layer removed and scattered around it.

THE ANTACID PRODUCING A TRUE GEL AT GASTRIC pH

quicker relief of heartburn, sour eructation and pain in gastric hyperacidity;  
the speedier healing of peptic ulcer and for the treatment of alcoholic gastritis.

LUDOZAN Tablets make possible controlled buffering with rapid and powerful absorption and prolonged action. LUDOZAN Tablets are pleasant and easy to take. In hyperacidity, peptic ulcer and alcoholic gastritis specify one or two LUDOZAN Tablets, to be taken between meals, for speedy and effective action.

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Herald recently, pointed out an apparent weakness in the A.M.A. case. The A.M.A. contends that the verdict under which it was found guilty is inconsistent and should be set aside, since individual defendants who are A.M.A. officers were at the same time absolved.

However, Mr. Shaffer writes:

"There is some precedent for such a verdict. The General Motors Corporation was convicted and its officers acquitted by a jury a year ago in an anti-trust prosecution. The Supreme Court has said that the inconsistency of a verdict is not a ground for reversal because the court cannot determine what was in the minds of the jurors."

Meanwhile, fines levied against the A.M.A. and the Medical Society of the District of Columbia have been announced by Federal District Judge James M. Proctor. They are \$2,500 and \$1,500, respectively.

## Fit for Service?

Fifty per cent of those rejected for military service because of physical disability could "become rehabilitated and take their places in combat units," in the opinion of Brig. Gen. Lewis B. Hershey, deputy director of Selective Service, who recommends that this group of registrants be accepted by the army despite their temporary defects. He told the National Nutritional Conference for Defense that the U.S. as a nation should be "thoroughly ashamed" of the "dangerous physical condition" of its young men.

Of 1,000,000 registrants examined, 380,000 were found unfit for duty. At least one-third of these were rejected

because of nutritional deficiencies according to General Hershey. Declaring that the American public would not approve permanent rejection of such men, he said the task of rehabilitation is a direct responsibility of the Federal Government.

## Illness Hinders Defense

Accidents and illness resulting from the poor physical condition of workers present a much greater problem than labor controversies in the effort to maintain defense production schedules, according to Surgeon General Thomas Parran Jr. of the U.S. Public Health Service.

Replacement of drafted skilled workers by inexperienced youths, elderly men, and women will greatly increase the disease and accident rate in industry, Dr. Parran believes. Also, he says, the ever-increasing tempo of the defense effort causes fatigue among workers and lowers their resistance to disease.

"Loss of time due to all types of disability in industry amounts to 350,000,000 days a year," the Surgeon General declared recently. "In 1940 disability subtracted fifty times the losses due to strikes and lockouts."

## Sick Men in Congress

U.S. Senators, Representatives, and Capitol employees have called Dr. George W. Calver, Congressional physician, an average of almost 1,000 times a month since January 1. This represents an increase of 60 per cent in the demand for Dr. Calver's services as compared to the first four months of last year.

Dr. Calver explains that "overwork



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ECONOMY OF MATEX GLOVES

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# FREEDOM from F R I C T I O N

RELIEF from the pain and discomfort of hemorrhoids depends largely upon freedom from friction. That is why Anusol Suppositories contain an ointment base which covers the rectal mucous membrane—a soothing, protective, anti-friction coating that makes possible walking with comfort and easy, painless evacuation of the contents of the rectum.

The improvement experienced from Anusol is genuine. There is no masking of symptoms to impart a false sense of security, because Anusol does not contain narcotic, analgesic or anesthetic drugs. In this manner, rationally and without unfavorable after-effects, Anusol Suppositories provide symptomatic relief in hemorrhoids and other inflammatory rectal conditions.

You may ascertain, to your own satisfaction, the value of Anusol Suppositories by giving them a trial. A supply will be gladly sent on request on your letterhead. Available for prescription in boxes of 6 and 12.

## ANUSOL HEMORRHOIDAL SUPPOSITORIES

SCHERING & GLATZ, INC., 113 W. 18th St., New York City

and overstrain" has resulted from three years of almost vacation-less wrestling with defense, convoys, taxes, and other legislative problems.

He advises lawmakers to walk at least an hour every day and get in nine holes of golf if possible. "I get so mad at that little ball when I play golf, that I cuss," the doctor says, "but at least it's a diversion and mental relaxation."

### Free Care For Draftees

A resolution to provide free medical treatment of physical defects which have caused rejection of Oklahoma draftees was voted by the Oklahoma State Medical Association during its annual convention. The services would be provided by individual doctors to those unable to finance their own care.

### Ask Schools to Speed Up

Institution of more intensive courses to speed medical students through school and thus provide an adequate supply of army physicians has been requested of Australian universities, the British Broadcasting Corporation reports.

### Emergency Itinerants

Iowa doctors who hold office hours in various communities to provide necessary medical care to patients of physicians called to military duty, have been exempted from the State re-

quirement that itinerant physician pay a \$250 license fee. The ruling was effected through the Iowa Board of Medical Examiners by the State society's committee on medical preparedness.

### Hospitals Seek Priority

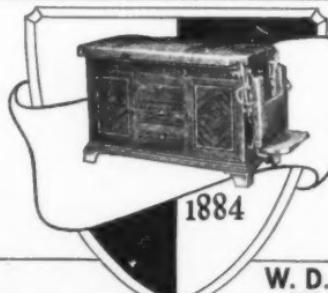
The American Hospital Association concerned over possible shortages of hospital supplies, surgical instruments, and drugs, has petitioned defense officials to designate hospitals as an essential industry so as to insure them of priority on these necessities. Army, navy, and industrial demands for nurses, it is further revealed, are leading to the increased utilization in hospitals of "nurse aids," girls trained to relieve nurse of hospital housekeeping duties.

### Drug Shortage Claimed

Scarcity of raw materials is slowing up manufacture of drugs in the U.S. Dr. Henry De Laszlo, British physician, said after a recent visit to this country.

Dr. De Laszlo declared the Government is using vital medicinal substances for purposes other than the production of drugs. He cited cocaine as an outstanding example. The British doctor was in this country on a buying mission for English drug concerns.

In Washington, it is claimed that the Government and drug manufac-



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equipment**  
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# Effective Liquid Fungicide Kills "ATHLETE'S FOOT" Fungi On Contact

"Athlete's Foot" organisms thrive in hot weather because perspiration provides a moist habitat from which the fungi derive nutriment. Absorbine Jr. removes perspiratory products, helps keep skin dry.

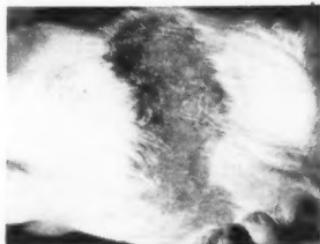
By penetrating minute tissue crevices, this effective liquid fungicide destroys many deep-seated organisms—kills them on contact . . . Absorbine Jr. also soothes broken tissues, helps to promote healing. Splashed on

feet and ankles, it brings cool relief, stimulates peripheral blood flow.

In advanced cases, wet dressings may be applied with advantage to the patient. One part Absorbine Jr., two parts water.

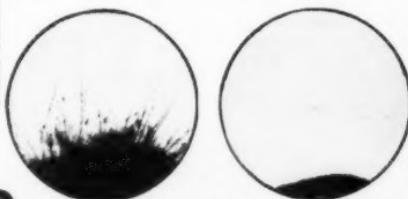
May we send you a generous sample bottle of Absorbine Jr. for clinical examination? This will be mailed on receipt of your professional letterhead.

W. F. Young, Inc., 207 Lyman St., Springfield, Mass.



**IN VIVO** Photograph shows shaved abdominal area of a guinea pig one week after inoculation with fungus culture. Upper area, untreated. Lower area, treated daily with Absorbine Jr., shows no lesions.

**IN VITRO** To approximate the scale of fungus growth on human tissue, a new *in vitro* technique for measuring fungicidal properties was developed, as illustrated in these photomicrographs. Fungus cultures such as those represented on the left are killed within 5 minutes. Fungus-plus-Absorbine Jr. cultures demonstrate total inhibition of growth (right). (Other recognized methods were followed, including Klarman and Reddish. All gave conclusive evidence of Absorbine Jr.'s fungicidal effectiveness.)



**ABSORBINE JR.** for relief of "Athlete's Foot"

turers have successfully provided a substantial reserve of some essential imported drugs, including 400,000 pounds of raw opium, a three-years' supply. The joint program between chemical manufacturers and the Federal Government was instituted two years ago.

### Statistics on Studies

Of 5,000 medical college graduates in 1940, about 86 per cent completed their courses in four calendar years, according to the Association of Medical Colleges. Those finishing in three years amounted to only 0.5 per cent of the total; 9.8 per cent required five years; 2.3 per cent, six years; 1 per cent, seven years; and 0.6 per cent, eight years or more. The figures are similar to those of other years.

Most of those who took more than four years were repeaters who had dropped out for a year or more due to financial reverses, scholastic shortcomings, illness, and comparable causes.

### Hospital Workers Strike

Charging that the management had refused to negotiate with their C.L.O. union, fifty-two of eighty orderlies and maintenance workers at Elizabeth (N.J.) General Hospital went on strike recently and established picket lines at the hospital gates.

The State, County, and Municipal

Workers of America, of which sixty-seven of the employees were members, sought a fifty-six hour week, minimum pay of \$55 a month, one day off each week, time and a half for overtime, two weeks' vacation with pay, and improvements in quarters and food. It was charged, too, that the management had refused to reinstate twenty-five workers involved in a previous one-hour strike.

### Restraint on Insulin?

Federal indictment under the anti-trust law of three pharmaceutical companies allegedly controlling the price and production of insulin has drawn sharp criticism from The Weekly Bulletin of the Jackson County (Mo.) Medical Society.

Production of insulin by the three companies—Sharp & Dohme, E. R. Squibb & Sons, and Eli Lilly & Company—is controlled by the University of Toronto, under assignment of the original patent by Banting and Best, its discoverers, the Bulletin points out. Besides insuring rigid standardization, it is added, the present manufacturing arrangements have resulted in thirteen successive price reductions in fifteen years, or a decrease of over 95 per cent in the cost of insulin to the diabetic user.

The Bulletin declares:

"Considering the large amount of material which has to be processed in order to obtain a very small yield

## Quickest boiler for SYRINGES

AND SMALL INSTRUMENTS



The quickest boiling sterilizer you can obtain for small instruments and syringes. Boils in 5 minutes. Large capacity doubles its usefulness. Equipped with cover port, admitting test tube for urinalysis. Newly designed handle. LifetimeCAST-IN-BRONZE boiler. Low water cut-off. Write.

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"THE MARK OF THE PRUDENT PRACTITIONER"

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## WE ASKED A LEADING OBSTETRICIAN

} *What should we  
tell mothers about  
infant feeding?*

[ HERE IS WHAT HE  
TOLD US TO SAY ]

Now, in its 32nd year of advertising, the number of Hygeia advertisements to appear in national magazines is practically doubled over last year. More readers than ever before will be told to see a doctor regularly. We leave it to you to prescribe breast-feeding or artificial feeding according to individual requirement. If the latter, we know you will want to recommend HYGEIA, the most sanitary and efficient nursing bottle and nipple.

## EXPECTING A BABY?

Ask your doctor about breast feeding, especially during early weeks of infancy. Take his advice on supplementary feeding, particularly about cleanliness. Regular medical care and advice on nutrition can speed development and improve baby's health.



Every Hygeia advertisement says  
"See your doctor regularly."  
"Ask your doctor's advice."

**Special offer to hospitals.** Hospitals may buy Hygeia Bottles and Nipples at approximately same cost as ordinary equipment.

**HYGEIA**  
*the Safe*  
**NURSING BOTTLE AND NIPPLE**



of insulin suitable for human injection, it is doubtful if it will be possible to lower the cost much further by improved methods of production. We know that the three companies named have been the principal producers of insulin, that their standards have been maintained and that there has never been an effort made to gouge the public on its price. It is rather difficult to understand how the selling cost of insulin could vary among the three manufacturers since production methods are now almost completely standardized."

## Passes Out in Texas

Leading railway-traumatic surgeons in Texas passed a resolution at the recent State society convention denouncing the practice of accepting railroad passes in return for the provision of medical care at bargain prices.

## Health Outlay Drops

The larger cities of the United States spent on an average approximately thirty-five cents less per capita on the health of their inhabitants in 1940 than they did in 1929, when they were spending \$1.19 per person, a survey for the International City Managers' Association shows.

The survey, which included sixty-four cities of over 100,000 population, showed expenditures ranging from

\$1.82 per capita in one city to fourteen cents in another. All figures include Federal, State, and voluntary contributions to municipal public health programs.

There is now an average of 39.2 health department employes per 100,000 population in this group of cities, an increase of five persons per 100,000 over 1929, the study reveals.

## M.D.'s Favor Euthanasia

Legislation to permit physicians to practice euthanasia was favored by 3,000 New York State doctors questioned in a poll conducted recently by the Euthanasia Society of America. This number represents 80 per cent of the medical men who replied to the society's questionnaire.

## Maroon Hospital Garb

Adoption of maroon suits and robes for use of convalescents in army hospitals has been announced by the War Department.

In the search for a more cheerful color to replace the traditional drab hospital garments, the maroon material was tried out at the Walter Reed General Hospital in Washington. The new color has the additional value of quickly distinguishing convalescents strolling about the hospital grounds or outside a military reservation.

Many of the robes of the World

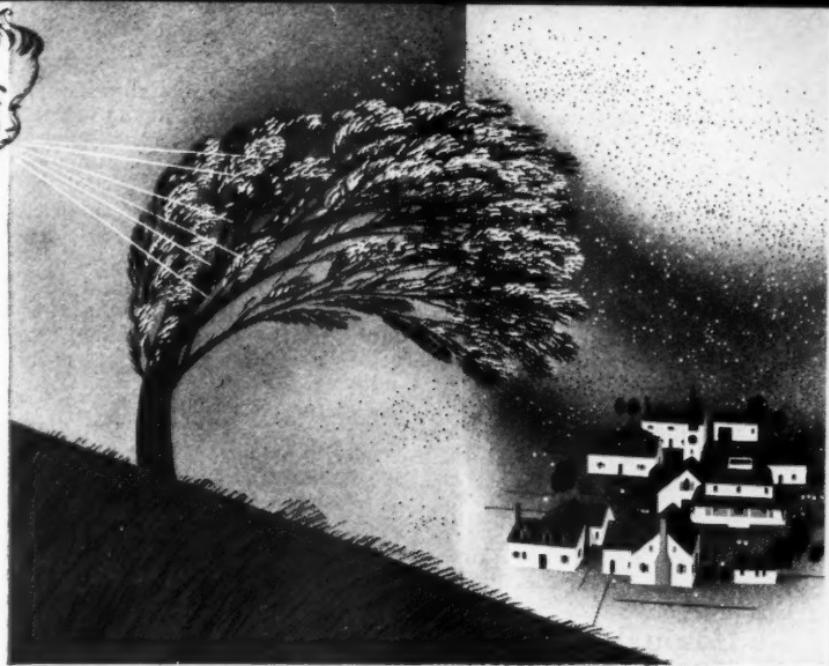
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*Wyeth's*  
**SULFUR FOAM Applicators**  
Carry pure sulfur to every pore and recess  
of the skin  
**NO GREASE—NO MESS**  
Supplied in boxes of 3 applicators  
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## Clinical advantages of 'Propadrine' Hydrochloride in symptomatic control of hay fever and asthma

'Propadrine' Hydrochloride (phenylpropanol-amine hydrochloride) is a primary amine with similar pharmacological action and the same field of clinical application as ephedrine. The clinical characteristics of 'Propadrine' Hydrochloride in the symptomatic control of hay fever and asthma are manifested by:

1. The comparative absence of side-effects such as insomnia, nervousness, excitation, and enuresis.
2. Simultaneous administration of sedatives is usually obviated.
3. May be administered in therapeutic dosage over long periods of time.

'Propadrine' Hydrochloride, because of its bronchodilator action, affords relief to many asthmatic patients in  $\frac{1}{8}$ -grain doses every three hours. This may be

increased to  $\frac{1}{4}$  grain every three hours in adults and in children over eight years of age without untoward effect.

Solution 'Propadrine' Hydrochloride is also of value in allergic rhinitis with associated edema of the nasal mucous membrane.

### How Supplied

**CAPSULES:**  $\frac{1}{8}$  grain—bottles of 25, 100 and 500;  $\frac{1}{4}$  grain—bottles of 25, 100 and 500.

**ELIXIR:** Each fluidounce contains 2 grs. 'Propadrine' Hydrochloride. In pints and gallons.

**SOLUTION (Aqueous):** 1% (isotonic)—  
1-ounce and pint bottles; 3%—  
1-ounce and pint bottles.

**NASAL JELLY:** in  $\frac{1}{2}$ -ounce tubes containing 0.66% 'Propadrine' Hydrochloride.

PROPADRINE' HYDROCHLORIDE

*Sharp-Dahms*

War period were made from French uniforms which were torn apart and rewoven. When laundered, they had a tendency to turn "prison gray" in color, with a consequent depressing effect on hospital patients.

### Cure For U.S. Aches?

The United States should begin now to set up centers for treatment of rheumatism, which is due for a field day if the United States gets into war, according to Dr. Ralph Pemberton, president of the International League for Study and Control of Rheumatism. He warned that rheumatism is on the increase, and characterized rheumatic diseases as comprising "the greatest cause of economic loss in the community."

### Hospital Air Raid Toll

Three physicians and forty nurses were killed and eight physicians and 124 nurses injured in the 400 Greater London hospitals in air raids prior to April 17, Health Minister Ernest Brown reports. He adds that 235 patients were killed and 195 injured during the same period.

### Pseudo Psychoanalysts

"Pseudo psychoanalysts who read a couple of books and then start 'practicing,'" will be put out of business

by a ruling of California's Attorney General made at the request of Dr. C. B. Pinkham, secretary of the State Board of Medical Examiners.

The Attorney General ruled that "persons practicing psychoanalysis, psychiatry, or otherwise diagnosing and treating patients for nervous and mental disorders" must obtain State licenses in the healing arts or face charges of violating the Business and Professional Code.

### Olson Aids Alien M.D.'s

In vetoing a bill which would have barred from medical practice in California citizens of countries which refuse medical licenses to U.S. doctors, Governor Culbert L. Olson declared he was doing so because "almost all of the aliens who will be seeking to practice medicine here in the next few years will be men or women forced to flee from their homes because of their race or because their political beliefs differ from those who now control most of Europe."

### Venereal Disease Threat

State authorities would be empowered to stop payment of Federal Venereal Disease Control Funds to county and local health departments where police authorities failed to repress prostitution, under a recommendation approved by the 39th An-

ANALGESIA — BACTERIOSTASIS — DEHYDRATION

*in Otitis Media*

*Auralgan*

THE DOHO CHEMICAL CORPORATION      New York - Montreal - London



Light, compact and handling any instrument up to 8 inches. Pelton Model 208 is the most satisfactory small Sterilizer made. Take it with you everywhere. Write us!

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## Treat ECZEMA the Improved New Way



## Prescribe SUPERTAH OINTMENT

**SUPERTAH Ointment** is a white non-staining ointment prepared from a crude coal tar concentrate, uniformly milled in proper proportions to equal either a 5% or 10% crude tar ointment.

"It has proven as valuable as the black coal tar preparation, and the advantage of the diminution of the black color is perfectly obvious."\*\*

SUPERTAH Ointment "does not stain the skin or clothing, nor does it burn or irritate the skin. We have seen no pustulation following its application. It can remain on the skin indefinitely without fear of dermatitis."\*\*

Prescribe SUPERTAH Ointment in original 2-oz. jars, either 5% or 10% strength. Free samples on request.

\*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases," p. 66.

## SUPERTAH (Nason's)

TAILBY-NASON CO.—Kendall Square Station, Boston, Mass.

nual Conference of State and Territorial Health Officers, meeting in Washington recently. The conference committee on venereal disease reported that "in some areas where armed forces or defense workers are concentrated, recent studies have indicated the presence of prostitutes equal to 1 per cent of the population . . . There is grave danger that venereal disease rates will increase greatly."

## U.S. Cities Growing

The U.S. population increase of 8,894,229 in the past ten years was almost all centered in 140 metropolitan areas, the census bureau reports. These large cities accounted for a population growth of 8,205,058 in the 1930-1940 period. There are now 62,958,703 persons, 47.8 per cent of the country's entire population, living in the 140 urban centers.

## Hospital Publicity Film

Development of the modern hospital to its present importance in community affairs is described in a sound film, "Worries Away," which has been produced as a public relations measure by the Associated Hospital Service of Philadelphia.

Fourteen other Blue Cross plans will make use of the film, which explains in detail the extension of group hospitalization.

## Boycott Harvard Plan

Removal of the Harvard University School of Dentistry from the accredited list of the New Jersey State Board of Dental Registration has been requested by the dental society of that State. The request was made in the form of a report approved by unanimous action of the society.

Criticism of the new Harvard system, scheduled to become effective in September, was voiced by Dr. Frank J. Houghton, retiring president of the New Jersey group. Dr. Houghton said this plan, which would give combined medical and dentistry degrees to graduates of a five-year course, would bring dental instruction under control of the medical profession and would create a group of "supposed super-dentists."

## Says M.D. Jailed Him

Because a physician told him he would live only twelve months, William Leche committed the \$164 robbery which accounts for his having spent the last four years in Louisiana State Prison. That, at least, is Leche's story, as he told it in a petition to the State Board of Pardons recently.

## Budge's Chin Up

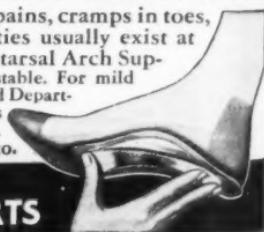
A lifted and straightened chin was the unique wedding present donated by plastic surgeon Dr. Maxwell Maltz to Don Budge, world's professional

# METATARSAL PAINS

## Cramps, Callosities, Burning Sensations At Ball Of Foot

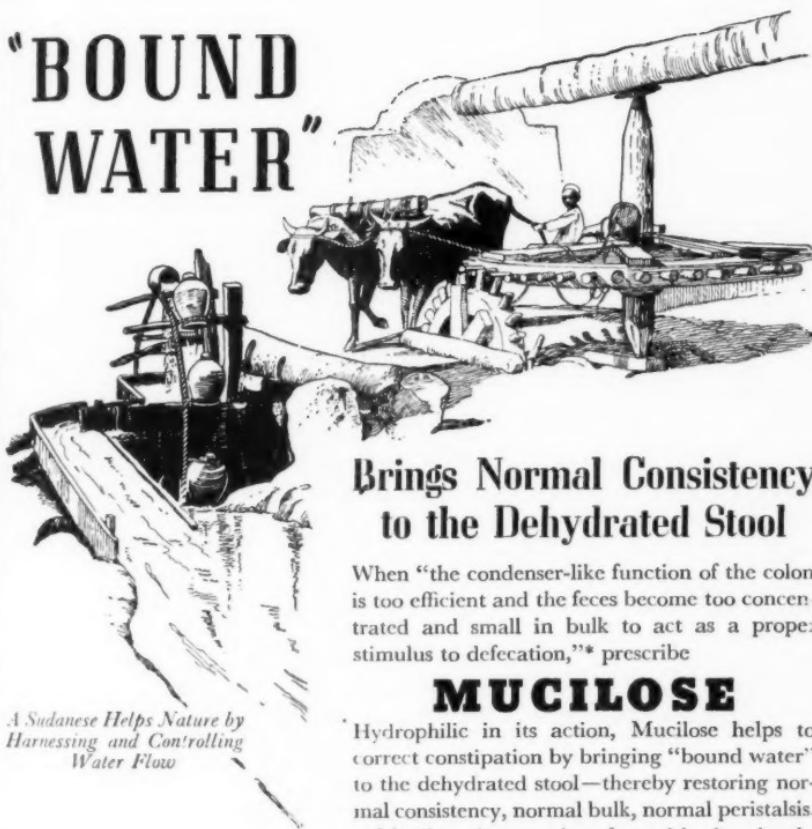


Symptoms of weakened Metatarsal arch are pains, cramps in toes, burning sensations at ball of foot. Callosities usually exist at point of greatest pressure. Dr. Scholl's Metatarsal Arch Supports and exercise usually give quick relief. Adjustable. For mild cases, Dr. Scholl's LuPADS are excellent. At Shoe and Department Stores and at Dr. Scholl's Foot Comfort Shops in principal cities. Write for professional literature. The Scholl Mfg. Co., Inc., 211 W. Schiller St., Chicago.



**Dr Scholl's ARCH SUPPORTS**

# "BOUND WATER"



A Sudanese Helps Nature by  
Harnessing and Controlling  
Water Flow

## Brings Normal Consistency to the Dehydrated Stool

When "the condenser-like function of the colon is too efficient and the feces become too concentrated and small in bulk to act as a proper stimulus to defecation,"\* prescribe

### MUCILOSE

Hydrophilic in its action, Mucilose helps to correct constipation by bringing "bound water" to the dehydrated stool—thereby restoring normal consistency, normal bulk, normal peristalsis.

Mucilose does not interfere with vitamin absorption, does not tend to leak. No allergic manifestations have been observed from its use.

\*Welch, P.B. and Kauders, F.H.: The Physiologic Approach to the Correction of Constipation, 31:709 (July) 1938

## FREDERICK STEARNS & COMPANY, Detroit, Michigan

New York • Kansas City • San Francisco • Windsor, Ontario • Sydney, Australia



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Please send me a clinical supply of Mucilose.

Name.....

M.D.

Address.....

City..... State.....

tennis champion. The operation was performed in New York a week before Budge's trip to the altar. The tennis star entered tournament play in Chicago the day following his marriage.

## Nazis Extend Insurance

Greater benefits under the original premium schedule are now available to 70,000,000 Germans covered by National Sickness Insurance.

Changes in the system make it possible for insured individuals to receive cash payments for twenty-six weeks if they are incapacitated that long because of illness. This is in addition to medical treatment and medicines, which will be provided until the insured is able to return to work.

## U.S. is 3% Syphilitic

Three per cent of the adult population of the United States is afflicted with syphilis, the American Social Hygiene Association reports after tabulating the results of 1,897,599 individual tests made during the five-year period, 1935-1940. Of the occupational groups surveyed, jail inmates, domestic servants, and relief groups had the highest disease rates.

Meanwhile, the South Carolina legislature has received a bill that would require all domestic servants to present employers with an affidavit signed by a licensed physician or health officer and testifying to ab-

sence of communicable disease. Re-examination would be required yearly.

## Good Medical Neighbors

Special internships in U.S. clinics and university hospitals will be offered this year to graduates of Latin-American medical schools who have shown unusual ability, Nelson Rockefeller, Coordinator of Commercial and Cultural Relations Between the American Republics, has announced.

## Prepaid Babies Popular

Boston's Health Service, Inc., prepayment medical care plan championed by Dr. Hugh Cabot, is reported experiencing among its membership a birth rate close to four times as high as the general public's. The rate is said to be almost 50 per 1,000 of the White Cross membership, and babies are currently expected by every fifth subscribing family.

## Free Hospital Service

Charity patients require more than 40 per cent of the services which Pennsylvania hospitals are able to provide, the State Hospital Association reports.

Fifty-eight per cent of the ward service, which amounts to 65 per cent of all hospital services, is given free. One hundred and seventy-one of the State's 320 hospitals receive financial



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STRENGTH - COMFORT**

Royalchrome is the most practical furniture for the reception room and office. It reveals good taste and refinement... has durable chrome plating and colorful Tuf-Tex leatherette upholstery—choice of 30 appealing colors. Send today for 16-page booklet showing complete group installations. Ask about our free planning and layout service.

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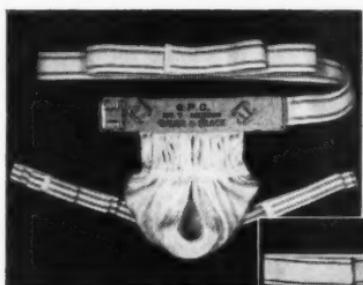
# IN THE TREATMENT of VARICOCELE

Authorities stress the

value of a

## GOOD SUSPENSORY

For over fifty years Bauer & Black has been a leading maker of anatomically correct suspensories. Because they are *anatomically correct*, Bauer & Black Suspensors give effective pain relief, comfortable support to sufferers of varicocele, epididymitis, orchitis, and scrotal injuries. Bauer & Black Suspensors may be confidently prescribed by style for individual requirements of the patient. Available at druggists and surgical dealers throughout the country.



**DOUBLE STRAP**—O.P.C. No. 2—for heavily built men or men who are unusually active. Elastic waistband and leg straps hold pouch securely in place. Self-adjustable low-placed hole to avoid constriction. Pouch sizes: Small, medium and large. Adjustable waist and leg bands. Withstands repeated laundering.

### SUSPENSORY GUIDE

For your convenience in prescribing suspensors, Bauer & Black has prepared a handy, illustrated guide. For your copy, write Bauer & Black, Dept. SS-9, 2500 So. Dearborn St., Chicago.

### DIVISION OF

THE KENDALL COMPANY, CHICAGO



**SINGLE STRAP**—Auto No. 16—for light, slender men or men whose activities are not strenuous. Pouch: seamless, knitted of cellophane and cotton, with elastic edges. Ample size opening, and self-conforming elastic frontpiece. Non-elastic waistband.

MAKERS OF *Curity* PRODUCTS

"According to reliable estimates, as many as 10 to 20 per cent of all males suffer from slight varicocele. Most of these cases occur in young unmarried men—particularly between the ages of twenty and twenty-five. The most frequent causes are unsatisfied sexual desire and unrelieved erotic fancies, wherein the veins are kept constantly engorged."

A drag or dull, heavy feeling in the side is the principal symptom which warns of varicocele. In general, a little 'fatherly' advice reassures the patient, and the use of a properly fitted suspensor helps to relieve the pain and swelling."

This abstract illustrates the consensus of medical thought on varicocele and its treatment.

**ANATOMICALLY  
CORRECT**

**BAUER & BLACK**  
*Suspensors*  
O. P. C.—AUTO—ARMY & NAVY

assistance from the State treasury. This aid covers approximately 69 per cent of the charity bed patients, but none of the State money can be used to help pay for some eight and one-half million free clinic treatments given each year.

## Urge Health Groups

Young people's health organizations similar to the rural 4-H clubs are recommended for cities by Dr. J. G. Fred Hiss of Syracuse, as a preventive of physical defects revealed by Selective Service medical examinations. Dr. Hiss outlined his plan in a recent address before the New York State Medical Society.

## Forgery in Medicine

In acquitting Dr. J. Steven Deane of charges of forgery, a Queens County (N.Y.) jury established the right of a physician to falsify Department of Health records when by so doing he can remove a patient's phobia and effect the "cure" of a non-existent disease.

Dr. Deane testified he made a pretense of treating an unidentified woman patient for a disease which she did not have, after she had refused to believe him and other doctors who told her she was not afflicted. He said he followed such a course after deciding the patient had acquired a

fixation which could not be removed by ordinary means.

## Dentists and the Draft

Deferment from military service of dentists and dental students has been recommended to all State directors by Brig. Gen. Lewis B. Hershey, deputy director of Selective Service, who pointed to an increasing shortage of dentists to serve the civilian population.

Dental defects constitute the greatest physical cause for rejection of Selective Service registrants and OPM surveys show that during the past several years there has been an actual decrease in the number of dentists in the country. The total at present is approximately 70,000. It is estimated that only about 22 per cent of the people of the nation receive dental care. The shortage of dentists is aggravated by the fact that the number of dental graduates anticipated during the next four years is 2,073 short of the number necessary to maintain the present ratio of dentists to population.

## U.S. Gains 1,647 M.D.'s

Deaths of U.S. physicians reported by the A.M.A. during 1940 totaled 3,450, but the graduation of 5,097 medical students in the fiscal year ended June 30, 1940, gave the na-

Rx **SCABENZATE LOTION**  
**(HART)**  
**NEW BENZYL BENZOATE TREATMENT for SCABIES**  
**QUICK-PLEASANT-STAINLESS** — WRITE FOR LITERATURE —  
HART DRUG CORPORATION—MIAMI, FLA

### For the Eyes

Use it as an antiseptic collyrium; to relieve catarrhal affections of the eye; before and after operations; for routine treatment after eye injuries; to relieve irritation caused by wind, dust, bright lights, etc.

Samples from: THE DE LEOTON COMPANY

### R.Ophthalmic Sol. No. 2

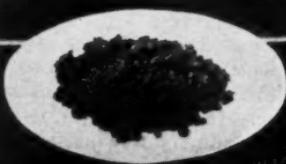
3ss (or 15 cc)  
With Mercury Oxycyanide  
and Zinc Sulfate



Capitol Station, Albany, New York

# MUCARA

FOR CONSTIPATION



"Mucara produces no harmful effects, nor is it habit forming if taken over long periods of time. The evidence suggests its value as a regulator of bowel habit."\*

\*American Journal of Digestive Diseases, 5, 315, 1938

Supplied plain and with  
Cascara in 6½ ounce packages

JOHN WYETH & BROTHER, INC.  
PHILADELPHIA

tion a net gain of 1,647 doctors. This figure does not include foreign practitioners who took up residence here during that period.

A.M.A. records show that the average age of physicians who died last year was 66.3, and that heart ailments topped the list of death causes. Second leading cause was arteriosclerosis, with cerebral hemorrhage third, and cancer, fourth. Sixty-five members of the profession committed suicide, and four were listed as homicides.

Forty-two of those doctors who died in 1940 had been mayors of their municipalities; forty-one were authors; thirty-two, bank presidents; thirty-one, State legislators; twenty-one, editors; and eleven, missionaries.

## Record Low Death Rate

A new record low death rate for the first quarter year is recorded by the Metropolitan Life Insurance Company in a report based on mortality records of wage-earning policyholders. The rate decreased to 8.45 per 1,000, a drop of 1.1 per cent over the first three months of 1940. The company points out the record was achieved despite an influenza epidemic occurring in that period.

## Trainees' Mental Test

Induction into the army of the mentally unfit will be eliminated if a New York City experiment in draft pro-

cedure proves successful, according to an announcement by the Selective Service medical division in that city.

It is planned to obtain advance knowledge of the medical history of registrants by having doctors and social workers interview them at their homes before examination, making this confidential information available to the physicians of the registrants' local board.

## Medical Licenses in 1940

During 1940, a total of 9,120 licenses to practice medicine were issued in the United States and its possessions, the American Medical Association reports. A great many were for doctors who already held licenses in other States. More first licenses were issued in the Middle Atlantic States than in any other section of the country. Among individual States, New York led with 1,061; Illinois followed with 518; and Pennsylvania was third with 408.

Throughout the country the number of license-application failures increased from 10 per cent to 13.9 per cent from 1936 to 1940. Massachusetts had the highest percentage of failures, 46.9 per cent. This was attributed to the fact that Massachusetts law requires the licensing board to examine graduates of unapproved schools, and a high percentage of these fail time after time. New York's high failure rate of 34.8 per cent was attributed to the practice of admit-

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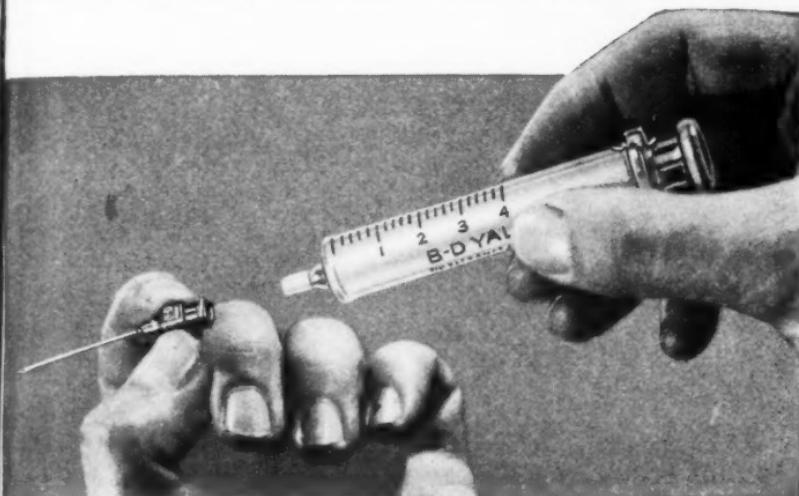
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ting to the examinations many graduates of foreign schools.

Approved medical school graduates among the 9,120 registered last year numbered 7,753, or 85 per cent. "Other practitioners" registered numbered 1,367 or 15 per cent.

Of 2,092 physicians from countries other than the U.S. and Canada, 54.7 per cent failed to pass their examinations. The University of Vienna supplied 613 candidates to lead the list of foreign schools. They were examined in thirteen States.

In sixteen States holders of foreign credentials are not eligible for licenses because evaluation of their credentials is said to be impossible. In nineteen States, only citizens are admitted to examinations, and in ten others those seeking licenses must have their first citizenship papers.

## Voters Side With M.D.'s

Election of three directors pledged to cooperate with the county medical society has restored peace between San Francisco physicians and the municipal employees' compulsory Health Service System.

Two directors who had prevented adoption of a new fee schedule proposed by the doctors were defeated in their bid for re-election. The fee schedule had been submitted after overwhelming referendum approval by participating M.D.'s, but the sys-

tem's board of directors, in a split political vote, had gone back on a previous promise to accept it. The county society members countered by resigning en masse, but have now agreed to continue giving service.

## Doctors Snub Colleague

Almost half of those present walked out when Dr. Aaron Rosanoff, director of the State Department of Institutions, began his address at the California Medical Association convention. This incident, without precedent in the history of the association, was said to have been the physicians' method of expressing disapproval of conditions in State institutions.

## Judgment and Death

Because he allegedly used poor judgment in delaying emergency aid to an injured athlete, and then refused to admit the patient because of crowded ward facilities, senior surgical interne Harry J. Berger was suspended for two weeks recently by Jamaica Hospital in Queens, New York City. It was charged that Dr. Berger failed to answer several calls from the emergency room nurse before appearing to examine the patient, who had waited forty-five minutes. Then he advised hospitalization and told the patient's parents no ward space was available. The patient was driven in

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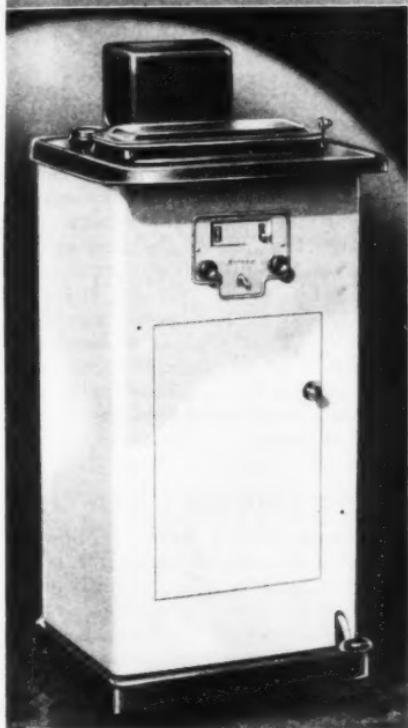
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an automobile to another institution and died there next morning, despite an emergency operation. The city council has been asked to investigate the hospital.

## Spotlight on Research

"Pharmaceutical houses today regard their own research departments as the most important phase of their business," incoming president John G. Searle told the recent annual meeting of the American Drug Manufacturers Association. His audience included prominent Government officials and representatives of leading medical research clinics, to whom the A.D.M.A. pledged its support in a program of mutual cooperation to provide better therapeutic agents for the medical profession.

## Prepaid Care in Texas

Success of an experimental prepayment medical care plan in Dallas has led the State medical association to introduce in the Texas legislature a bill which would enable establishment of a State-wide plan.

Over 1,000 employees of the local Ford plant enrolled in the Dallas experiment, paying \$1.50 a month for all medical services rendered in the home, doctor's office, or hospital. Group hospitalization contracts were offered for an additional 50 cents.

In six months of operation, only 10 per cent of subscribers have required care. Twelve per cent of this service rendered was surgical; the rest medical. A drop of 92 per cent was recorded in sickness-enforced absence from work as compared to the previous six months. Cooperating with the plan were 411 of the Dallas County Medical Society's 512 members.

## Clinical Photos in Color

Direct color photographs within the body orifices are made possible by a new camera placed on the market last month. Known as the Cameron Color-Flash Clinical Camera, it is compact in size, weighs three pounds, and uses 35 millimeter film in black-and-white as well as color. It may also be used for endoscopic, superficial, portrait, and general scientific pictures. For photography at twelve inches and less, a standard photoflash bulb is enclosed within the body of the camera.

## Free Care for Flyers

Because the U.S. Army recruiting office in the second corps area is falling far short of filling monthly quotas for flying cadets, a charitable organization known as American Flying Services Foundation has been formed to assure prospective candidates of free medical, surgical, and hospital

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care to correct disqualifying disabilities. Aid will be extended only to those who otherwise cannot afford it. The new organization asks hospitals and doctors to help form medical subcommittees in all important second corps area cities. Inquiries should be addressed to the Medical Committee, American Flying Services Foundation, 60 East 42nd St., New York City.

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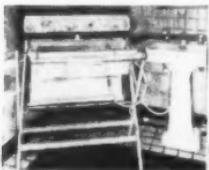
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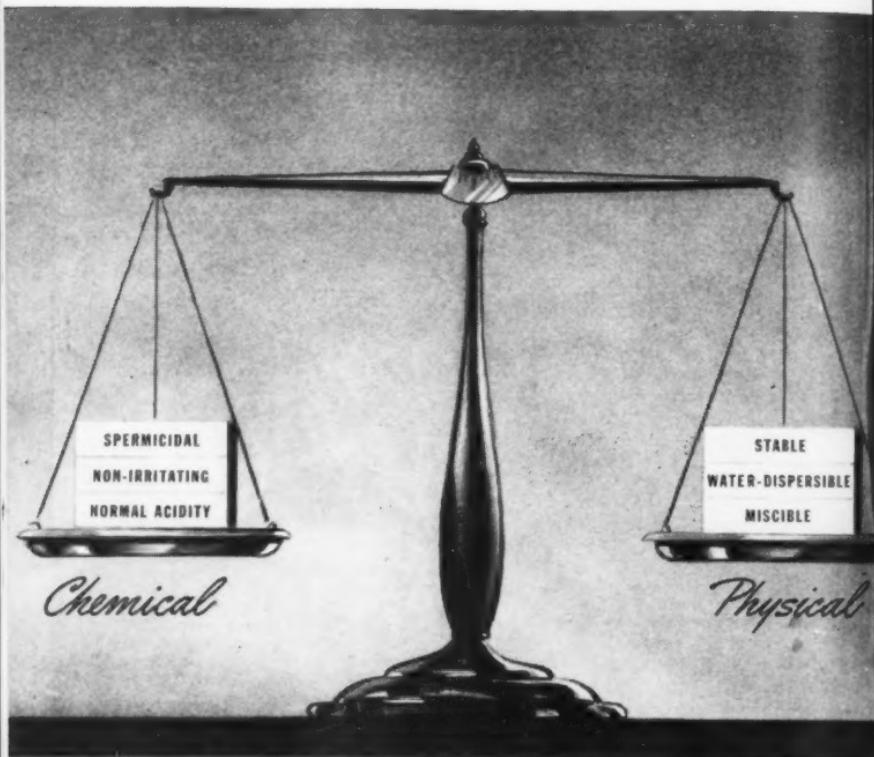
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